

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Johnson Street Peabody, MA 01961	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36876</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse for one Resident (#101) out of a total of 25 sampled Residents.</p> <p>Findings include:</p> <p>Review of the Abuse Prohibition Policy dated 10/11/22 indicated: All alleged violations of incidents included within the definition of abuses, mistreatment, neglect, involuntary seclusion or misappropriation of resident property shall be reported to the Department of Public Health, upon receipt of the facility's report of basic findings. The facility must then begin an internal investigation of the incident. The Executive Director will be included in the immediate notification of the alleged incident.</p> <p>Resident #101 was admitted to the facility in February 2024 with diagnoses including muscle weakness and aftercare following joint replacement surgery.</p> <p>Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #101 was cognitively intact evidenced by a score of 15 out of a possible 15 on the Brief Interview for Mental Status exam.</p> <p>During an interview on 1/21/25 at 8:06 A.M., Resident #101 said that yesterday (1/20/25) a Certified Nursing Assistant (CNA) yelled at him/her at 2:30 p.m. after he/she rang his/her call light. Resident #101 said that the CNA came into his/her room and asked him/her why he/she was always calling for help and that the CNA was the only one working, was diabetic and needed to eat something and was supposed to be on break. Resident #101 said that it made him/her upset and he/she shouldn't be afraid to use his/her call light. Resident #101 said he told a nurse about it this morning, but could not remember who it was.</p> <p>During an interview on 1/21/25 at approximately 1:00 P.M., Unit Manager #1 said she was not aware of Resident #101's report of being yelled at and she would take care of it.</p> <p>During interviews on 1/22/25 at 7:39 A.M., at 1:18 P.M., the Administrator said she had just learned of Resident #101's allegation and a report was being made to the state agency. The Administrator said that Unit Manager #1 was given education about the two hour requirement for allegations of abuse.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Johnson Street Peabody, MA 01961	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48990</p> <p>Based on observations, interviews and record review, the facility failed to ensure staff implemented a comprehensive person-centered care plan for one Resident (#25), out of a total sample of 25 residents. Specifically, for Resident #25:</p> <p>a.) The facility failed to ensure nursing implemented a care plan intervention for use of a motion detector alarm for fall prevention.</p> <p>b.) The facility failed to ensure nursing implemented a care plan intervention for seizure pads.</p> <p>Findings include:</p> <p>Resident #25 was admitted to the facility in October 2024 with diagnoses including epilepsy (a seizure disorder), vascular dementia with agitation, and restlessness.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 10/30/24, indicated Resident #25 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15.</p> <p>a.) Review of the facility policy titled 'Fall Management Program', revised 10/13/22, indicated:</p> <ul style="list-style-type: none"> <li>- Residents identified at high risk for falls (score of 10 or higher of the assessment) will have an appropriate fall prevention care plan developed, implemented, and revised as necessary.</li> </ul> <p>Review of Resident #25 assessment titled 'Alliance Fall Risk', dated 12/13/24, indicated the Resident was at high risk for falls as evidenced by a score of 14.</p> <p>Review of Resident #25's active physicians orders, initiated 10/24/24, indicated:</p> <ul style="list-style-type: none"> <li>- S/P (status post) FALL MONITOR, every shift, initiated 11/8/24.</li> <li>- Fall: Initiate Fall Prevention Program, every shift, initiated 12/11/24.</li> </ul> <p>Review of Resident #25's plan of care related to falls, revised 12/26/2024, indicated:</p> <ul style="list-style-type: none"> <li>- Use a motion detector when Resident #25 is in the room.</li> </ul> <p>On 1/21/25 at 1:02 P.M., 1/21/25 at 2:09 P.M., 1/21/25 at 4:22 P.M., 1/22/25 at 6:54 A.M., and 1/22/25 at 7:55 A.M, the surveyor observed Resident #25 alone in his/her room without any staff within view. The motion detector alarm power switch was in the 'off' position. The surveyor waved a hand in front of the motion detector alarm sensor multiple times, and it did not activate any alarm sound.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Johnson Street Peabody, MA 01961	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/22/25 at 7:59 A.M., Certified Nurse Assistant (CNA) #1 said CNAs are expected to check the care plan and ensure interventions, such as motion detector alarms, are put into place. CNA #1 said she was unaware Resident #25 required motion detector alarms and never turned it on. CNA #1 observed the motion detector alarm in Resident #25's room with the surveyor and confirmed it was not on. At this time Resident #25 was in the bed in his/her room.</p> <p>During an interview on 1/22/25 at 8:03 A.M., Nurse #4 said care plan interventions, such as motion detector alarms, should always be implemented as listed in the active care plan. Nurse #4 said she was unaware Resident #25 required motion detector alarms and never turned it on. Nurse #4 reviewed Resident #25's active care plan and said based on the care plan indicating to use a motion detector when Resident #25 is in the room, the motion detector should be turned on and used. Nurse #4 observed the motion detector alarm in Resident #25's room with the surveyor and confirmed it was not on. Nurse #4 turned it on, and said it should have been turned on because Resident #25 was in his/her room alone.</p> <p>During an interview on 1/23/25 at 7:37 A.M., the Assistant Director of Nursing (ADON) said all care plan interventions listed in a resident's care plan should be implemented. The ADON said Resident #25 should have had the motion detector turned on when in his/her room because it was an intervention listed on his/her active care plan.</p> <p>b.) Review of the facility policy titled 'Seizure Precautions', revised 8/5/23, indicated:</p> <ul style="list-style-type: none"> <li>- Every resident/patient assessed to be at risk for seizures will have protective measures taken to ensure their safety.</li> <li>- Formulate plan of care with interventions focused on prevention of injury and airway maintenance.</li> <li>- Should a resident have a seizure while in bed, pad side rails with pads or bath blankets.</li> </ul> <p>Review of Resident #25's active physicians orders, initiated 10/24/24, indicated:</p> <ul style="list-style-type: none"> <li>-Kepra (a medication used to control seizures) 1250 mg, twice daily.</li> </ul> <p>Review of Resident #25's plan of care related his/her seizure disorder, revised 10/24/24, indicated:</p> <ul style="list-style-type: none"> <li>- PROBLEM: Resident has a seizure disorder.</li> <li>- GOAL: Resident will not injure self secondary to seizure disorder.</li> <li>- APPROACH: Pad siderails.</li> </ul> <p>On 1/21/25 at 1:02 P.M., 1/21/25 at 2:09 P.M., 1/21/25 at 4:22 P.M., 1/22/25 at 6:54 A.M., and 1/22/25 at 7:55 A.M., the surveyor observed Resident #25 in bed without seizure pads on bilateral side rails.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/22/25 at 7:59 A.M., CNA #1 said CNAs are expected to check the care plan and ensure interventions, such as seizure pads on side rails, are put into place. CNA #1 said she was unaware Resident #25 required seizure pads on his/her side rails, and they never applied them. CNA #1 observed Resident #25's room with the surveyor and said there were no seizure pads located anywhere in the Resident's room. At this time Resident #25 was in the bed in his/her room with unpadded bilateral side rails.</p> <p>During an interview on 1/22/25 at 8:03 A.M., Nurse #4 said Resident #25 was on seizure precautions because he/she has a seizure disorder. Nurse #4 said care plan interventions, such as seizure pads on side rails, should always be implemented as listed in the active care plan. Nurse #4 said she was unaware Resident #25 required seizure pads on his/her side rails. Nurse #4 reviewed Resident #25's active care plan and said based on the care plan indicating to pad siderails, the side rails should have seizure pads but did not. Nurse #4 observed Resident #25's room with the surveyor and said there were no seizure pads located anywhere in the Resident's room.</p> <p>During an interview on 1/23/25 at 7:37 A.M., the Assistant Director of Nursing (ADON) said all care plan interventions listed in a resident's care plan should be implemented. The ADON said Resident #25 should have had seizure pads on his/her side rails because it was an intervention listed on his/her active care plan.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	
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 - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36876</p> <p>Based on observation, record review and interview, the facility failed to implement physician's orders related to wound care for one Resident (#64) out of a total of 25 sampled Residents. Specifically, the facility failed to implement would treatments as recommended by the Wound Physician and Wound Clinic.</p> <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: 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.</p> <p>Review of the facility's Skin Management Program, dated 6/13/19 indicated:</p> <p>Purpose: To minimize the development of any type of ulcers and other skin issues through systematic and regular inspection of the resident's skin, and to ensure early detection and intervention for all skin problems.</p> <p>Policy: 2. Residents will undergo a weekly body check by the licensed nurse. The facility will utilize the weekly body check form in the EHR (electronic health record). 6. If skin breakdown is identified, the physician will be notified, and a treatment will be obtained. 14. The Licensed Nurse responsible for the treatments on each unit will observe each ulcer in conjunction with treatment times and document the observation of the ulcer and or surrounding tissue on the Treatment Sheet in the EHR.</p> <p>Resident #64 was admitted to the facility in October 2023 with diagnoses including cancer and cerebrovascular accident.</p> <p>Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #64 was cognitively intact evidenced by a score of 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) exam. The MDS also indicated Resident #64 required physical assistance for dressing and bathing and utilized a catheter.</p> <p>During interviews on 1/21/25 at 9:24 A.M., and 1/23/25 at 8:34 A.M., Resident #64 said that he/she has a wound on his/her leg and staff have been taking care of it. Resident #64 said he/she now goes out to the wound clinic instead of seeing the in-house Wound Physician, and that they seem to be more efficient. Resident #64 said it has taken a long time for his/her wound to heal and it still feels sore.</p> <p>Review of Resident #64's Clinical Care Plan indicated:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	

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 - Some</p>	<p>Problem: Resident has a non-pressure wound requiring treatment, initiated 8/15/24</p> <p>Goal: Resident wound will heal without complications (infection, hemorrhage, dehiscence, etc)</p> <p>Approach: Obtain wound MD consult as indicated. Follow recommendations as directed. Record the amount, type, consistency, color and odor of drainage from the wound. Record the location, size (length, width and depth) color and presence/absence of granulation tissue and epithelization of wound.</p> <p>Review of the Wound Physician's notes dated 8/6/24, 8/13/24 and 8/20/24 indicated:</p> <p>Non-pressure wound of the right upper lateral leg. Etiology: Trauma/Injury. Dressing treatment plan: Dermablue foam (a highly absorbent vertically-wicking foam primary dressing embedded with three antimicrobials) apply every two days, cut to fit. Gauze island with bdr (border) apply every two days.</p> <p>Review of the August 2024 Treatment Administration Record (TAR) indicated:</p> <p>To right upper lateral leg non-pressure wound: normal saline wash, skin prep to wound edges, Dermablue to wound bed cut to fit and cover with allevyn (an alginate dressing utilized for absorbing drainage) foam every two days: Once A Day on Sun, Mon, Thu. (Active 8/3/2024 through 10/2/2024)</p> <p>The wound treatments included the use of allevyn which was not indicated by the Wound Physician and were not completed every two days per the Wound Physician.</p> <p>Review of the Wound Physician Notes dated 8/27/24 and 9/3/24 indicated: Non-pressure wound of the right upper lateral leg. Etiology: Trauma/Injury Dressing treatment plan: Alginate rope (a dressing used to absorb fluid and prevent contamination) apply once daily, Mupirocin topical 2% (a topical ointment used for infections) apply once daily, Superabsorbent gelling fiber (wound covers that help manage drainage and removal of dead, damaged and infected tissue from the wound), apply once daily.</p> <p>Review of the August 2024 and September 2024 TAR's indicated: To right upper lateral leg non-pressure wound: normal saline wash, skin prep to wound edges, dermablue to wound bed cut to fit and cover with allevyn foam every two days: Once A Day on Sun, Mon, Thu. (Active 8/3/2024 through 10/02/2024.)</p> <p>The treatment orders failed to include the use of alginate rope, Mupirocin 2%, Superabsorbent gel fiber, and failed to occur daily per the Wound Physician.</p> <p>Review of Nurse Practitioner #1's note, dated 9/10/24, indicated: Continues with alginate dressing to wound. We will continue with the recommended dressing, monitor for s/sx (signs and symptoms) of infection.He/She will continue to be followed by wound specialist.</p> <p>Review of the Wound Physician's notes dated 9/10/24 and 9/17/24 indicated: Non-pressure wound of the right upper lateral leg. Etiology: Trauma/Injury: Dressing treatment plan: Dermabluefoam apply every two days, Superabsorbent gelling fiber every two days.</p> <p>Review of the September 2024 TAR indicated: To right upper lateral leg non-pressure wound: normal saline wash, skin prep to wound edges, dermablue to wound bed cut to fit and cover with allevyn foam every two days: Once A Day on Sun, Mon, Thu. (8/3/2024 - 10/02/2024)</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	
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 - Some</p>	<p>Review of the hospital discharge summary dated 10/1/24 indicated Resident #64 had been hospitalized on [DATE] and recommendations upon discharged included the use of a wound vac (also referred to as negative pressure wound therapy, a method of decreasing air pressure around a wound to assist healing) and for follow up at the wound clinic.</p> <p>Review of the Wound Clinic Note dated 10/31/24 indicated: Wound injury: right lateral leg.</p> <p>Assessment and plan: cleanse wounds with normal saline. Discontinue wound vac. Medihoney to lateral leg wound, cover with gauze and gauze roll, change three times per week or as needed for increased drainage.</p> <p>Review of the November 2024 TAR indicated there were no active treatments in place for Resident right leg wound from 10/31/24 through 11/13/24.</p> <p>During an interview on 1/22/25 at 10:06 A.M., Nurse Practitioner (NP) #1 said that when the Wound Physician makes recommendations, they are communicated to team and then approved by the attending. Nurse Practitioner #1 said that she could not recall a time when she had declined a treatment recommendation made by the Wound Physician. Nurse Practitioner #1 said that Resident #64's wound was being followed by the Wound Physician and the Resident now goes to the Wound Clinic. Nurse Practitioner #1 said she was not aware that Resident #64's treatment orders did not match the orders indicated by the Wound Physician. Nurse Practitioner #1 said that at that time, there had been a different and new Unit Manager who may not have known the process for reviewing orders or inputting them.</p> <p>During an interview on 1/22/25 at 2:21 P.M., the Wound Physician said that when he would round at the facility staff would usually round with him and the treatments were implemented after his notes were uploaded. The Wound Physician said that he was not aware that Resident #64 was not receiving the treatments he indicated during his visits.</p> <p>During an interview on 1/23/25 at 9:36 A.M., the Assistant Director of Nursing (ADON) said that the previous Director of Nursing would round with the Wound Physician, would inform the Nurse Practitioner of the orders and input orders into the record. The ADON said that if the NP does not agree with the orders, it should be documented. The ADON said that other staff would round with the Wound Physician and the orders would be communicated in his report. The ADON was not aware that Resident #64's treatment orders were not implemented as indicated by the wound physician or the wound clinic and that staff were expected to implement the orders after they had been reviewed by the provider.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Johnson Street Peabody, MA 01961	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41456</p> <p>Based on interviews and record reviews, the facility failed to provide assistance with showers for one Resident (#107) out of a total sample of 25 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Activities of Daily Living, dated 1/10/23, indicated the following:</p> <p>-A program of activities of daily living (ADL) is provided to residents by the following method: the ability of each resident to meet the demands of daily living is assessed by a licensed nurse and/or members of the interdisciplinary team. A program of assistance and instruction in ADL skills is implemented. Assistive devices and adaptive equipment are provided by occupational therapy services. Education is provided to resident and family.</p> <p>-Purpose: To prevent disability and return residents to a maximum level of independence.</p> <p>-Process: 1.6 Frequent showers or baths are scheduled, and assistance is provided when required.</p> <p>Resident #107 was admitted to the facility in September 2024 with diagnoses including macular degeneration.</p> <p>Review of Resident #107's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicating he/she is cognitively intact. The MDS also indicated Resident #107 required assistance from staff for bathing tasks.</p> <p>During an interview on 1/21/25 at 8:38 A.M., Resident #107 said he/she is legally blind and needs assistance with bathing tasks. Resident #107 says he/she had not taken a shower in a long time and would love one because he/she feels more clean when given a shower.</p> <p>Review of Resident #107's Activity of Daily Living (ADL) care plan last revised 1/15/25, indicated the following:</p> <p>-Bathing: Assistance level required is substantial maximum assist (assistance) of one.</p> <p>Review of the shower list on the unit indicated Resident #107 is scheduled for a weekly shower on Tuesdays during the 7:00 A.M. and 3:00 P.M. shift.</p> <p>Review of the ADL documentation for the months of December 2024 and January 2025 indicated Resident #107 has been given only one shower in two months.</p> <p>Review of the nursing documentation failed to indicate Resident #107 refused showers in the months of December 2024 and January 2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow-up interview on 1/23/25 at 7:53 A.M., Resident #107 said he/she did not receive a shower this week on Tuesday and would really like weekly showers.</p> <p>During an interview on 1/23/25 at 7:55 A.M., Certified Nursing Assistants (CNA) #3 and #4 said all residents are scheduled for at least one weekly shower and can have a shower whenever they request one. CNAs #3 and #4 said Resident #107 does not refuse care and requires assistance with all bathing tasks. CNA #3 and #4 could not remember the last time Resident #107 was given a shower.</p> <p>During an interview on 1/23/25 at 8:37 A.M., Unit Manager #3 said all residents are provided with weekly showers and if a resident were to refuse a shower the nursing staff would document the refusal. Unit Manager #3 was unable to say the last time Resident #107 was provided with a shower.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>48990</p> <p>Based on observations, interviews and record review, the facility failed maintain professional standards in the managing and caring for urinary catheter devices for two Residents (#105 and #71) out of a total sample of 25 residents. Specifically,</p> <p>1.) For Resident #105, the facility failed to provide the appropriate care and services to prevent urinary tract infections to the extent possible. The facility failed to ensure the Resident's urinary catheter drainage system, including the tubing, was not placed directly on the floor.</p> <p>2.) For Resident #71, the facility failed to ensure physicians orders and care plans related to the use of a catheter were implemented.</p> <p>Findings include:</p> <p>Review of facility policy titled 'Catheter Care of Indwelling Urinary', revised 11/5/23, indicated:</p> <ul style="list-style-type: none"> <li>- Always keep the drainage bag below the level of the bladder and off the floor.</li> </ul> <p>1.) Resident #105 was admitted to the facility in October 2024 with diagnoses including obstructive uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow) and vascular dementia.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 1/13/25, indicated that Resident #105 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15. This MDS also indicated Resident #105 had an indwelling catheter and was dependent on staff for all bed mobility, toileting, and transfer tasks.</p> <p>Review of Resident #105's physician's order, initiated 11/1/24, indicated:</p> <ul style="list-style-type: none"> <li>- Foley Catheter Care, every shift.</li> </ul> <p>Review of Resident #105's plan of care related to his/her indwelling catheter, revised 11/11/24, indicated:</p> <ul style="list-style-type: none"> <li>- Do not allow tubing or any part of the drainage system to touch the floor.</li> </ul> <p>On 1/21/25 at 8:12 A.M., the surveyor observed Resident #105 in bed with his/her urinary catheter drainage bag attached to the bed frame by a dignity bag cover. This entire urinary catheter drainage system was laying on its side directly touching the floor. The tubing was also directly laying on the floor. The urinary catheter drainage bag was half full of cloudy, yellow urine. Resident #41 was unable to answer questions about his/her urinary catheter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/21/25 at 2:07 P.M., the surveyor observed Resident #105 in bed with his/her urinary catheter drainage bag attached to the bed frame by a dignity bag cover. This entire urinary catheter drainage system was laying on its side directly touching the floor. The tubing was also directly laying on the floor.</p> <p>During an interview on 2:10 P.M., Resident #105's family member said they visit almost every day, and they are concerned Resident #105 has a urinary tract infection. Resident #105's family member said the urinary catheter drainage system, including the tubing, is almost always directly touching the floor. Resident #105's family member said Resident #105 is unable to adjust the height of the bed or reach the urinary catheter drainage bag on the bed frame without assistance.</p> <p>On 1/23/25 at 7:19 A.M., Unit Manager #1 and Certified Nurse Assistant (CNA) #2 observed Resident #105's urinary catheter drainage bag with the surveyor. Resident #105 was in bed with his/her urinary catheter drainage bag attached to the bed frame by a dignity bag cover and was directly touching the floor. They said the dignity bag straps were not adjusted so urinary catheter drainage system was directly touching the floor but should not be. They said the dignity bag is part of the urinary catheter drainage system and should never touch the floor.</p> <p>During a follow-up interview on 1/23/25 at 7:25 A.M., Unit Manager #1 said Resident #105 was unable to adjust the height of the bed and was dependent on staff for urinary catheter care.</p> <p>During a follow-up interview on 1/23/25 at 7:30 A.M., CNA #2 said CNAs are expected to round shiftly and also throughout the shift to check on Resident #105's urinary catheter drainage system. CNA #2 said this includes checking to make sure it was elevated off the floor. CNA #2 said if it is ever noted to be touching the floor, CNAs are expected to elevate it off the floor.</p> <p>During an interview on 1/23/25 at 7:37 A.M., the Assistant Director of Nursing (ADON) said the urinary catheter drainage system should never be directly touching the floor, including the dignity bag cover. The ADON said she would expect the straps to be adjusted to ensure the entire urinary catheter drainage system is elevated off the floor.</p> <p>50338</p> <p>2.) Resident # 71 was initially admitted to the facility in December 2024 with diagnoses including sepsis, pneumonia, and diabetes.</p> <p>Review of the Minimum Data Set Assessment (MDS) 12/19/24 indicated Resident #71 scored 14 out of a possible 15 on the Brief Interview for Mental Status exam (MDS) indicating intact cognition. The MDS also indicated Resident #71 requires assistance toileting and had occasional urinary incontinence.</p> <p>On 1/21/25 at 8:09 A.M., the surveyor observed Resident #71 resting in bed with a catheter bag hanging off the side of the bed.</p> <p>Review of Resident #71's physician's orders, dated 1/21/25, failed to indicate any orders in place regarding the use or care of a catheter.</p> <p>Review of Resident #71's care plans, dated 1/16/25, indicated:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Urinary Incontinence: Interventions: Apply moisture barrier to skin. Check for incontinent episodes at least every two hours. Ensure adequate bowel elimination. Provide incontinence care after each incontinent episode. Report any signs of skin breakdown. Use brief when resident in bed. Use brief when resident is out of bed. Weekly body audit.</p> <p>ADL's (activities of daily living) Functional Status/ Rehabilitation Potential. Interventions: Bladder: Specify level of function: occasionally incontinent. Toileting: assistance level required: substantial maximum assist of one.</p> <p>Resident #71's care plans failed to indicate any plan for use or care of a catheter.</p> <p>Review of Resident #71's hospital discharge summary, dated 1/16/25, indicated Foley placed for acute urinary retention. Failed voiding trial and Foley reinserted on 1/15/25.</p> <p>Review of Resident #71's nursing progress note, dated 1/16/25, indicated Foley catheter noted to be draining clear yellow urine to collection bag.</p> <p>Review of physician's progress note, dated 1/21/25, indicated:</p> <p>Urinary Retention.</p> <p>Foley placed for acute urinary retention.</p> <p>Failed voiding trial and Foley reinserted on 1/15/25.</p> <p>During an interview on 1/22/25 at 10:38 A.M., Unit Manager #2 said that Resident #71 had returned from the hospital with a catheter and that she would expect a resident with a catheter to have physician orders and a plan of care in place to care for the catheter.</p> <p>During an interview on 1/23/24 at 7:58 A.M., the Director of Nursing said that a Resident with catheter should have physician orders and care plan in place for care, management, and monitoring of the catheter.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>48990</p> <p>Based on record review and interviews, the facility failed to ensure the drug regimen for residents was free of unnecessary psychotropic medications one Resident (#1) out of a total sample of 25 residents. Specifically, the facility failed to ensure a PRN (as needed) order for alprazolam (a psychotropic medication) was limited to 14 days, when first ordered on 11/6/24, and failed to include a duration for it's use for Resident #1.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Psychotropic Medication Management', revised 8/5/23, indicated:</p> <ul style="list-style-type: none"> <li>- Psychoactive medication management will include behavioral interventions, gradual dose reduction attempts, and adequate monitoring that complies with Federal and State guidelines.</li> <li>- PRN orders for psychotropic drugs are limited to 14 days (except as noted below) if the prescribing MD (physician) or practitioner believes it is appropriate for the PRN order to extend beyond 14 days. The MD will document his/her rationale in the resident's medical record and indicate the duration for the PRN order.</li> </ul> <p>Resident #1 was admitted to the facility in November 2024 with diagnoses including generalized anxiety disorder.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment, dated 11/12/24, indicated that Resident #1 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. This MDS indicated Resident #1 received antianxiety medication.</p> <p>Review of Resident #1's physician's order, initiated 11/6/24, indicated:</p> <ul style="list-style-type: none"> <li>- Alprazolam 0.5 mg (milligram), take one tablet by mouth two times a day as needed for anxiety, without any stop date.</li> </ul> <p>Review of Resident #1's January 2025 Medication Administration Record (MAR) indicated the Resident received a PRN dose of alprazolam on 1/1/25, 1/3/25, 1/5/25, 1/9/25, 1/11/25, 1/12/25, 1/14/25, 1/16/25, and 1/20/25.</p> <p>Review of the form titled 'Consultant Pharmacist Recommendation to Prescriber', dated 12/17/24, indicated:</p> <ul style="list-style-type: none"> <li>- Resident is receiving the following PRN psychotropic medication. Please note these medications are required to be re-evaluated after 14 days. If therapy is to continue, please note medical justification for continued use in Progress Note and specify the # of days the PRN order is to continue.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Alprazolam.</p> <p>- Physician/Prescriber Response: Continue Alprazolam, signed and dated 12/19/24.</p> <p>Review of Resident #1's medical record failed to indicate any stop date, medical justification for continued use, or any other re-evaluation for the use of as needed (PRN) alprazolam since the Resident's admission to the facility.</p> <p>During an interview on 1/21/25 at 1:09 P.M., Unit Manager #1 said PRN psychotropic medication, including alprazolam, should be limited to 14 days when initially ordered and must be re-evaluated by the physician for continued use at that time. Unit Manager #1 said Resident #1's alprazolam was initially ordered on 11/6/24 without any stop date or re-evaluation date but should have.</p> <p>During an interview on 1/23/25 at 7:37 A.M., the Assistant Director of Nursing (ADON) said all PRN psychotropic medications need to have a stop date. The ADON said any PRN psychotropic medication should be limited to 14 days when initially ordered and must be re-evaluated by the physician for continued use at that time. The ADON said after the initial 14 day physician re-evaluation date, the physician may extend it for a longer amount of time, but still requires a stop date. The ADON said the duration of Resident #1's PRN alprazolam should have included a stop date for re-evaluation, with medical justification for continued use documented, but did not.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Johnson Street Peabody, MA 01961	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>45763</p> <p>Based on observation and interviews, the facility failed to serve food that was palatable, and at a safe and appetizing temperature, on three out of three units.</p> <p>Findings include:</p> <p>During the initial tour of the facility on 1/21/25 the surveyors met with the residents and the following concerns were expressed:</p> <ul style="list-style-type: none"> <li>- Seven residents on the first floor said that the food was often served cold and tasted bad.</li> <li>- One Resident on the second floor said the quality of the food was terrible and that the food was high in sodium.</li> <li>- Five residents on the first floor said that the food was often cold and tasted bad.</li> </ul> <p>During the resident group meeting on 1/22/25 at 10:31 A.M. a Resident said the food was served cold.</p> <p>On 1/23/25 at 12:30 P.M., the 3rd floor food truck arrived to the resident care unit. After all resident trays were served the surveyor received the test tray at 12:38 P.M., and the following was recorded and observed:</p> <ul style="list-style-type: none"> <li>- Meatballs were 132.8 degrees Fahrenheit and tasted lukewarm not hot; the meatballs had good flavor.</li> <li>- Pasta was 137.7 degrees Fahrenheit and tasted lukewarm not hot; the pasta had a metallic flavor and was not palatable.</li> <li>-Green beans were 116 degrees Fahrenheit and tasted cool not hot; the green beans were not palatable.</li> <li>-Soup was 115 degrees Fahrenheit and tasted cool not hot; the soup was not palatable.</li> <li>-Garlic Bread was 104 degrees Fahrenheit and tasted warm.</li> <li>-Raspberry Sherbert was 25 degrees Fahrenheit and tasted cold.</li> <li>-Milk was 38 degrees Fahrenheit and tasted cold.</li> </ul> <p>On 1/23/25 at 1:29 P.M., the 2nd floor food truck arrived to the resident care unit. After all resident trays were served the surveyor received the test tray at 1:42 P.M., and the following was recorded and observed:</p> <ul style="list-style-type: none"> <li>- Meatballs were 124.4 degrees Fahrenheit and tasted warm not hot, the meatballs had good flavor.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Pasta was 124.7 degrees Fahrenheit and tasted warm not hot.</li> <li>-Garlic bread was 123.1 degrees Fahrenheit and had a spongy texture.</li> <li>-Green beans were 97.6 degrees Fahrenheit and tasted warm not hot.</li> <li>-Soup was 137.8 degrees Fahrenheit and tasted warm not hot.</li> <li>-Raspberry Sherbert was 22.2 degrees Fahrenheit but was melting.</li> </ul> <p>On 1/23/25 at 1:29 P.M., the 1st floor food truck arrived to the resident care unit. After all resident trays were served the surveyor received the test tray at 1:42 P.M., and the following was recorded and observed:</p> <ul style="list-style-type: none"> <li>- Shrimp was 125 degrees Fahrenheit and tasted warm not hot, the texture of the shrimp was chewy consistent with overcooking.</li> <li>- Pasta was 122.5 degrees Fahrenheit and tasted lukewarm not hot, the pasta was oily.</li> <li>-Garlic bread was 112.2 degrees Fahrenheit and tasted lukewarm, the texture was soggy.</li> <li>-Green beans and carrots were 117 degrees Fahrenheit and tasted lukewarm not hot.</li> <li>-Soup was 131.8 degrees Fahrenheit and tasted warm but was not palatable; the soup had an unpleasantly thick texture and a bitter flavor.</li> <li>-Raspberry Sherbert was 23.4 degrees Fahrenheit but was melting.</li> <li>-Cranberry Juice was 45 degrees Fahrenheit and tasted cold.</li> </ul> <p>Review of the Tray Line Check, dated 1/14/2025, indicated that a test tray was conducted, and that the entree and vegetable temperatures at time of service were 130 degrees Fahrenheit.</p> <p>During an interview on 1/22/25 at 3:46 P.M., the Registered Dietitian (RD) said that she would expect hot food to be, at a minimum, 135 degrees Fahrenheit when it arrives to a resident; the RD said she would expect certain foods, such as soups, to be much hotter than 135 degrees Fahrenheit. The Food Service Director (FSD) said it would be the goal for residents to receive hot food around 160 degrees Fahrenheit. The RD said the temperature of the food received by the surveyors was lower than what she would expect.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41456</p> <p>Based on interviews and record reviews, the facility failed to complete daily documentation for one Resident (#107) out of a total sample of 25 residents.</p> <p>Findings include:</p> <p>Resident #107 was admitted to the facility in September 2024 with diagnoses including macular degeneration.</p> <p>Review of Resident #107's most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicating he/she is cognitively intact. The MDS also indicated Resident #107 required assistance from staff for bathing tasks.</p> <p>Review of the ADL documentation for the month of December 2024 indicated the following missing documentation:</p> <ul style="list-style-type: none"> <li>-60 out of 93 grooming/shower opportunities for documentation were missing.</li> <li>-60 out of 93 dressing/undressing opportunities for documentation were missing.</li> <li>-58 out of 93 bladder care opportunities for documentation were missing.</li> <li>-58 out of 93 bladder care opportunities for documentation were missing.</li> <li>-7 out of 93 for feeding opportunities for documentation were missing.</li> <li>-7 out of 93 for toileting, sit-lying opportunities for documentation were missing.</li> <li>-6 out of 93 for sit to stand opportunities for documentation were missing.</li> <li>-60 out of 93 chair to bed transfer opportunities for documentation were missing.</li> <li>-60 out of 93 for toilet transfer opportunities for documentation were missing.</li> </ul> <p>Review of the ADL documentation for the month of January 2025 indicated the following missing documentation:</p> <ul style="list-style-type: none"> <li>-37 out of 63 grooming/shower opportunities for documentation were missing.</li> <li>-37 out of 63 for dressing/undressing opportunities for documentation were missing.</li> <li>-37 out of 63 for sit-lying opportunities for documentation were missing.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	

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>-37 out of 63 for sit to stand opportunities for documentation were missing.</p> <p>-37 out of 63 chair to bed opportunities for documentation were missing.</p> <p>-37 out of 63 for toilet transfers opportunities for documentation were missing.</p> <p>-37 out of 63 bladder care opportunities for documentation were missing.</p> <p>-37 out of 63 bladder care opportunities for documentation were missing.</p> <p>-37 out of 63 for feeding opportunities for documentation were missing.</p> <p>-37 out of 63 for toileting opportunities for documentation were missing.</p> <p>During an interview on 1/23/25 at 7:55 A.M., Certified Nursing Assistants (CNA) #3 and #4 said all care provided should be documented on all shifts.</p> <p>During an interview on 1/23/25 at 8:37 A.M., Unit Manager #3 said all care provided should be documented on all shifts. Unit Manager #3 said there was recent education provided to the staff about the need to document on all shifts.</p> <p>During an interview on 1/23/25 at 10:02 A.M., the Assistant Director of Nursing said the facility is using new flow sheets and have done education with staff about needing to document care provided on all shifts.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48990</p> <p>Based on observation, interview, and policy review, the facility failed to ensure that infection control and prevention measures were followed during preparation of medication for administration. Specifically,</p> <ol style="list-style-type: none"> <li>1.) Nurse #2 contaminated resident medications by touching pills with her bare hand.</li> <li>2.) Nurse #3 stored an open, coffee cup in the medication cart with bottles of medications directly touching all sides of the cup.</li> </ol> <p>Findings include:</p> <p>Review of the facility policy titled 'Medication Administration - General Guidelines', revised 2024, indicated:</p> <ul style="list-style-type: none"> <li>- Handwashing and Hand Sanitization: The person administering medications adheres to good hand hygiene, which includes washing hands thoroughly: prior to handling any medication.</li> <li>- Hands are washed with soap and water or alcohol gel [and examination gloves worn] prior to handling tablets and examination gloves must be worn to prevent touching of tablets during the process.</li> </ul> <p>1.) On 1/22/25 at 9:43 A.M., the surveyor observed Nurse #2 prepare medication for Resident #79 on the first floor side a medication cart. The following observations were made by the surveyor:</p> <ul style="list-style-type: none"> <li>- Nurse #2 touched multiple medication cards, medication bottles, laptop screen, laptop keyboard, and the medication cart drawer handle with her bare hands. The Resident had a physician order for vitamin B 12. When preparing this medication, Nurse #2 accidentally poured an extra vitamin b 12 pill into the medication cup filled with other pills that had previously been prepared. Nurse #2 inserted her bare finger into the medication cup to remove the vitamin B 12, which she then put back into the medication bottle. Nurse #2 did not sanitize her hands or apply a protective barrier to her hand to prevent contaminating the rest of the medications she had already poured for the Resident.</li> <li>- Nurse #2 continued to prepare additional medication without sanitizing her hands. Nurse #2 continued to touch multiple medication cards, medication bottles, laptop screen, laptop keyboard, and the medication cart drawer handle with her bare hands. The Resident had a physician order for a multivitamin. When preparing this medication, Nurse #2 accidentally poured an extra multivitamin pill into the medication cup filled with other pills that had previously been prepared. Nurse #2 inserted her bare finger into the medication cup to remove the multivitamin, which she then put back into the medication bottle. Nurse #2 did not sanitize her hands or apply a protective barrier to her hand to prevent contaminating the rest of the medications she had already poured for the Resident.</li> </ul> <p>During an interview on 1/22/25 at 10:23 A.M., Nurse #2 said she should not have touched resident medications with her bare hand and put contaminated pills back into the medication bottles.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Alliance Health at Rosewood		STREET ADDRESS, CITY, STATE, ZIP CODE  22 Johnson Street Peabody, MA 01961	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/22/25 at 1:50 P.M., the Regional Clinical Specialist said medications should not be touched with a bare hand.</p> <p>During an interview on 1/23/25 at 7:37 A.M., the Assistant Director of Nursing (ADON) said medications should not be touched with a bare hand. The ADON said the nurse should have used a glove and should have disposed of the pills instead of placing back into the medication bottles.</p> <p>2.) On 1/22/25 at 8:22 A.M., the surveyor observed Nurse #3 prepare morning medications from the third floor side b medication cart. There was a plastic coffee cup with open drinking spout stored in one of the drawers with bottles of resident medications directly touching all sides of the cup.</p> <p>During an interview on 1/22/25 at 8:23 A.M., Nurse #3 said it was her coffee cup. Nurse #3 said she is not supposed to store her coffee cup inside the medication cart.</p> <p>During an interview on 1/22/25 at 1:50 P.M., the Regional Clinical Specialist said staff members coffee cups should not be stored in medication carts touching medications.</p> <p>During an interview on 1/23/25 at 7:37 A.M., the Assistant Director of Nursing (ADON) said staff members coffee cups should not be stored in medication carts touching medications because of infection control concerns.</p>