

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Benjamin Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Fisher Avenue Boston, MA 02120	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>41105</p> <p>Based on record review and interview the facility failed to conduct CORI (Criminal Offender Record Information) checks for 5 of 5 employee files reviewed, prior to when their employment commenced in the facility.</p> <p>Findings include:</p> <p>The facility policy titled Abuse Program Policy and Procedure, dated 5/10, indicated the following:</p> <p>a. Screening of potential employees will include requesting information from previous and/or current employees and verifying information with appropriate licensing boards and certification registries.</p> <p>b. Criminal background check will be completed. Potential employees with negative findings of background checks will not be hired.</p> <p>Review of the employee files of the 5 most recent hires to the facility indicated the following:</p> <p>-2 of 5 employees never had a CORI completed and had worked at the facility.</p> <p>-3 of 5 employees had CORI checks completed after they began working at the facility.</p> <p>During an interview on 5/23/24 at 11:51 A.M., the Director of Nursing said that CORI checks absolutely must be completed prior to any employee working at the facility.</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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43846</p> <p>Based on record review and interviews the facility failed to ensure a resident-centered personalized care plan was developed and/or implemented for three Residents (#59, #14, and #60) out of a total sample of 19 residents. Specifically,</p> <ol style="list-style-type: none"> <li>1. For Resident #59, the facility failed to ensure a resident-centered personalized care plan was developed for a pacemaker.</li> <li>2. For Resident #14, the facility failed to apply booties per his/her physician's order.</li> <li>3. For Resident #60, the facility failed to implement the use of built up handled utensils for all meals.</li> </ol> <p>Findings include:</p> <p>Review of the facility policy titled Pacemaker, dated 12/15, indicated</p> <p>For each resident with a pacemaker, document the following in the medical record and on a pacemaker identification card upon admission:</p> <ol style="list-style-type: none"> <li>a. The name, address and telephone number of the cardiologist;</li> <li>b. Type of pacemaker;</li> <li>c. Type of leads;</li> <li>d. Manufacturer and model;</li> <li>e. Serial number;</li> <li>f. Date of implant; and</li> <li>g. Paced rate.</li> </ol> <p>1. Resident #59 was admitted to the facility in June 2021 with diagnoses that included atrial fibrillation, dementia, and type 2 diabetes.</p> <p>Review of Resident #59's most recent Minimum Data Set (MDS), dated [DATE], indicated he/she scored a 13 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident is cognitively intact.</p> <p>On 5/21/24 at 8:25 A.M., the surveyor observed a pacemaker transmitter box at the Resident's bedside. Resident #59 said he/she has a pacemaker.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #59's hospital discharge summary, dated 2/11/22, indicated presyncopal episode status post pacemaker placement (12/9/20) and 4 prior admissions for similar syncope episodes since then.</p> <p>Review of Resident #59's care plans and physician orders did not indicate a paced rate, serial number, type of pacemaker, cardiologist information or frequency of pacer checks.</p> <p>During an interview on 5/23/24 at 8:20 A.M., Nurse #1 [NAME] said Resident #59 does have a pacemaker and is not sure what information should be in the plan of care but will find out.</p> <p>During an interview on 5/23/24 at 8:25 A.M., the Director of Nurses (DON) said Resident #59 does have a pacemaker and she is not aware of any details of his/her pacemaker.</p> <p>45343</p> <p>2. Resident #14 was admitted to the facility in December 2021 with diagnoses including vascular dementia and frontal lobe and executive functioning deficits.</p> <p>Review of Resident #14's most recent Minimum Data Set (MDS) assessment, dated 4/27/24, indicated the Resident had a Brief Interview for Mental Status exam score of 3 out of a possible 15, which indicated he/she had severe cognitive impairment. The MDS also indicated Resident #14 is dependent on staff for all activities of daily living.</p> <p>On 5/21/24 at 10:28 A.M., 5/22/24 at 8:29 A.M., 10:01 A.M. and 3:31 P.M., Resident #14 was observed sitting in his/her chair without his/her bilateral lower extremity booties. On 5/23/24 at 7:42 A.M., Resident #14 was observed lying in his/her bed without his/her booties.</p> <p>Review of Resident #14's physician's orders indicated the following:</p> <p>- Apply booties to both feet, initiated 1/1/24.</p> <p>During an interview on 5/22/24 at 2:49 P.M., the Rehab Director said if an orthotic or positioning device is recommended for a resident, a physician's order is obtained, the device is ordered, and the devices are monitored monthly by the rehab department. Review of the Rehab Devices monitoring records provided by the Rehab Director failed to indicate Resident #14's booties were being monitored.</p> <p>During an interview on 5/23/24 at 8:10 A.M., the Director of Nursing said an order for booties would be put in place, the order would be documented on the Treatment Administration Record (TAR) and the nurses will instruct the Certified Nursing Assistant (CNA) to don the device.</p> <p>During an interview on 5/23/24 at 8:41 A.M., CNA #2 said Resident #14's booties should be put on him/her every day.</p> <p>Review of the Treatment Administration Record failed to indicate booties were monitored for application to Resident #14's bilateral feet.</p> <p>3. Resident #60 was admitted to the facility in July 2023 with diagnoses including rheumatoid arthritis, need for assistance with personal care and muscle weakness.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #60 most recent Minimum Data Set (MDS) dated [DATE], indicated the Resident had a Brief Interview for Mental Status (BIMS) score of 15 out of possible 15 indicating he/she was cognitively intact. Further review of the MDS indicated the Resident is dependent for all self-care activities.</p> <p>On 5/21/24 at 12:30 P.M., 12:45 P.M., 5/22/24 at 8:22 A.M., and 12:05 P.M., Resident # 60 was observed eating without his/her built-up handled utensils.</p> <p>During a record review on 5/21/24 at 4:07 P.M., Resident #60's care plan last updated on 1/25/24 indicated the following: Eating: The resident is totally dependent on staff for eating, uses built-up utensils. Further review of Resident #60's physician's order dated 11/21/23 indicated the following: Lip plate and built-up utensils to all meal trays.</p> <p>During an interview on 5/23/24 at 8:08 A.M., the Director of Nursing said all adaptive utensils needed by a resident should come up on his/her tray for each meal.</p> <p>During an interview on 5/23/24 at 8:29 A.M., Nurse #1 said Resident #60 should be using built-up utensils for all meals and the utensils are sent up from the kitchen on the resident's meal tray.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45763</b></p> <p>Based on observation, interview and record review, the Facility failed to ensure that acceptable parameters of nutritional status were maintained for one Resident (#30) out a total sample of 19 Residents. Specifically, the facility failed to address a clinically significant weight loss in a timely manner.</p> <p>Findings include:</p> <p>Review of the undated facility policy, titled Nutritional Management Policy indicated, but was not limited to, the following:</p> <ul style="list-style-type: none"> <li>-If the resident's weight differs by three (3) pounds (one kilogram = 2.2 pounds) more or less, the resident is to be reweighed on the same day. Any weight loss or gain of 3 pounds or greater requires the resident to be placed on weight focus review and dietitian should be notified.</li> <li>-Upon admission, quarterly, significant change of status, and annually the Registered Dietitian will evaluate each residents nutritional needs.</li> <li>-Residents who experience an unplanned significant weight loss or gain of more than 5% in one month and/or 10% in six months will be referred to the registered Dietician (sic.), Rehab and Physician, for further evaluation.</li> </ul> <p>Resident #30 was admitted to the facility in August 2022 with diagnoses including dementia and anemia.</p> <p>Review of the Minimum Data Set (MDS), dated [DATE], indicated that Resident #30 scored a 2 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident had severe cognitive impairment. Further review of the MDS indicated that the Resident had lost 5% or more of his/her body weight in the last month or 10% or more body weight in the last 6 months and was not on a physician-prescribed weight loss regimen.</p> <p>Review of Resident #30's care plan indicated that the Resident had increased nutrient needs due to a significant weight loss of 12.4% body weight since August of 2023.</p> <p>Review of Resident #30's weights and vitals summary indicated the following recorded weights taken by a mechanical lift:</p> <p>4/11/23 - 124 Lbs. (pounds)</p> <p>5/9/23 - 125 Lbs.</p> <p>6/20/23 - 125.4 Lbs.</p> <p>7/18/23 - 126.2 Lbs.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8/8/23 - 126 Lbs.</p> <p>8/16/23 - 122.4 Lbs.</p> <p>8/22/23 - 120 Lbs.</p> <p>9/5/23 - 119 Lbs.</p> <p>9/14/23 - 117.4 Lbs.</p> <p>9/21/23 - 116.8 Lbs.</p> <p>9/28/23 - 115.2 Lbs.</p> <p>10/26/23 - 113.8 Lbs.</p> <p>11/2/23 - 113 Lbs.</p> <p>11/9/23 - 111.8 Lbs.</p> <p>11/30/23 - 112 Lbs.</p> <p>12/28/23 - 111 Lbs.</p> <p>1/18/24 - 113.2 Lbs.</p> <p>2/29/24 - 112.2 Lbs.</p> <p>3/28/24 - 112 Lbs.</p> <p>4/25/24 - 112 Lbs.</p> <p>5/23/24 - 112.8 Lbs.</p> <p>Review of Resident #30's recorded weights indicated a clinically significant weight loss of 7 Lbs. (5.6% of the Resident's total body weight lost in 1 month) from 8/8/23 to 9/5/23, and that a reweight was not taken to confirm the weight loss until over a week later on 9/14/23. Further review of the Resident's weight indicated that the Resident continued to lose weight with an additional 7.2 Lbs. (or 6% of the Resident's total body weight) lost from 9/5/23 to 11/9/23. Review of the weight record indicated that the Resident's weight stabilized after 11/9/23.</p> <p>Review of Resident #30's physician note, dated 10/9/23, one month after Resident #30's weight loss reached clinical significance, indicated that it was critical to monitor the Resident's weight. Review of a separate physician note, dated 10/9/23, indicated the Resident's vitals have been stable recently.</p> <p>Review of Resident #30's active physician orders failed to indicate a change in frequency for monitoring Resident #30's weight since his/her admission in August of 2022.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #30's Mini Nutrition Assessment (MNA), dated 11/8/23, indicated the Resident was malnourished. Review of the previous MNA dated 5/23/23, indicated the Resident was not malnourished but at risk for malnutrition.</p> <p>Review of Resident #30's nutrition note, dated 11/13/23, indicated the Resident had experienced a significant weight loss of 10.6 Lbs./8.7% of the Resident's total body weight since 8/16/23. The nutrition note indicated that the Registered Dietitian (RD) recommended increasing the Resident's Boost supplement from twice a day to three times a day for weight management.</p> <p>Review of Resident #30's active physician's orders indicated the following:</p> <p>-Boost (a calorically rich, nutritionally fortified supplemental shake used to prevent weight loss) three times a day for weight management and nutritional stabilization, initiated 11/13/23.</p> <p>Review of Resident #30's medical record failed to indicate that an intervention to address Resident #30's significant weight loss was implemented until the RD assessed the Resident, and increased the frequency of the Resident's nutritional supplement, two months after Resident #30's weight loss initially reached clinical significance. During the two-month period the Resident experienced an additional 7.2 Lbs./6% total body weight loss and once the intervention was implemented the Resident's weight stabilized.</p> <p>During an interview on 5/22/24 at 10:57 A.M., Unit Manager #1 said that Resident #30 had a fair but variable appetite, and that the Resident enjoys his/her supplements and accepts them well. Unit Manager #1 said that Resident #30 had experienced weight loss in the past.</p> <p>During an interview on 5/22/24 at 12:32 P.M., the RD said that all residents were reviewed for significant weight changes on a weekly basis, and that she would expect nursing to notify the RD of any significant weight changes. The RD said that when a Resident triggers for a significant weight change they will be assessed by the RD within two weeks. The RD said that Resident #30's Body Mass Index (a medical screening tool that estimates body fat percentage by dividing a person's weight in kilograms by their height in meters squared) was within normal range prior to the weight loss and that the weight loss was unintentional.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>45763</p> <p>Based on staff interviews the facility failed to designate a person who met the minimum qualifications to serve as the Director of Food and Nutrition Services (FSD).</p> <p>Findings Include:</p> <p>During an interview on 5/22/24 at 1:41 P.M., Dietary staff #1 said he was employed as a cook at the facility. Dietary staff #1 said that the FSD had resigned around September of 2023 and that the facility had not hired a replacement. [NAME] #1 said he was delegated responsibilities such as ordering food, scheduling staff, and conducting staff in-services in the absence of a Food Service Director. [NAME] #1 said he had completed a food safety course but did not have a certification for food service management, an associates or higher degree in food service management or hospitality, or two or more years of experience in the position of a Director of Food and Nutrition services in a nursing facility setting.</p> <p>During an interview on 5/22/24 at 12:32 P.M., the Registered Dietitian (RD) said she was in the facility two days a week and worked a total of 20 hours a week. The RD said she would expect the staff member designated to manage the food service department to have the appropriate food service management qualifications, and that Dietary staff #1 had been delegated to manage the kitchen. The RD said she is not in the kitchen often, and that Dietary staff #1 did not have the appropriate credentials/qualifications to manage the kitchen.</p> <p>During an interview on 5/22/24 at 3:03 P.M., the Director of Nursing (DON) said she would expect the staff delegated to manage the food service department to meet the minimum qualifications to serve as the FSD. The DON said that the facility had not replaced the previous FSD after the FSD resigned.</p>		