

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225667	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2025
NAME OF PROVIDER OR SUPPLIER  Cape Cod Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE  383 South Orleans Road Brewster, MA 02631	

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> 37183</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who required physical assistance of staff with Activities of Daily Living (ADL), the Facility failed to ensure they maintained a complete and accurate medical record, related to Certified Nurse Aide (CNA) ADL Flow Sheets, when daily documentation by CNA's (for all three shifts) were not consistently completed, with flow sheets left blank.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled, Point of Care (POC) Documentation, dated 10/08/24, indicated the following:</p> <ul style="list-style-type: none"> <li>-Certified Nurse Aides (CNA) will document resident care in the electronic health record module POC;</li> <li>-CNA's will provide resident care in accordance with each resident's individualized plan of care which can be accessed from within POC;</li> <li>-CNA's will document the resident's self-performance, and the support provided for activities of daily living, including: bed mobility, transferring, toileting, dressing, bathing, eating, personal hygiene and locomotion.</li> </ul> <p>Resident #1 was admitted to the Facility in December 2024, diagnoses included: acute and chronic respiratory failure, myotonic muscular dystrophy, dysphagia, anxiety disorder, attention-deficit hyperactivity disorder, atrial fibrillation, artificial openings of gastrointestinal tract, and nutritional deficiency.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 03/03/25, indicated that Resident #1 required physical assistance of staff for bathing, dressing, personal hygiene, transfers and ambulation.</p> <p>Review of Resident #1's Care Plan, titled ADL Self Care Performance Deficit related to disease process, renewed and revised with his/her Quarterly MDS, dated [DATE], indicated he/she required the physical assistance of staff for transfers and toileting, and staff supervision for hygiene, dressing, bathing, and ambulation.</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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(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>Review of Resident #1's CNA Documentation Record (ADL Flow Sheets), dated 12/05/24 through 12/31/24, indicated that for the following shifts, documentation on the flow sheets was incomplete:</p> <p>-7:00 A.M. to 3:00 P.M. - 11 days (out of 26) ADL care areas were left blank</p> <p>-3:00 P.M. to 11:00 P.M. - 10 days (out of 26) ADL care areas were left blank</p> <p>-11:00 P.M. to 7:00 A.M. - 6 days (out of 26) ADL care areas were left blank</p> <p>Review of Resident #1's CNA Documentation Record (ADL Flow Sheets), dated 01/01/25 through 01/31/25, indicated that for the following shifts, documentation on the flow sheets was incomplete:</p> <p>-7:00 A.M. to 3:00 P.M. - 5 days (out of 31) ADL care areas were left blank</p> <p>-3:00 P.M. to 11:00 P.M. - 14 days (out of 31) ADL care areas were left blank</p> <p>-11:00 P.M. to 7:00 A.M. - 3 days (out of 31) ADL care areas were left blank</p> <p>Review of Resident #1's CNA Documentation Record (ADL Flow Sheets), dated 02/01/25 through 02/28/25, indicated that for the following shifts, documentation on the flow sheets was incomplete:</p> <p>-7:00 A.M. to 3:00 P.M. - 3 days (out of 28) ADL care areas were left blank</p> <p>-3:00 P.M. to 11:00 P.M. - 3 days (out of 28) ADL care areas were left blank</p> <p>-11:00 P.M. to 7:00 A.M. - 2 days (out of 28) ADL care areas were left blank</p> <p>During an interview on 04/29/25 at 1:15 P.M., Certified Nurse Aide (CNA) #1 said that the documentation of ADL's is done in POC in the Electronic Medical Record (EMR) and has to be completed by the end of the shift.</p> <p>During an interview on 04/29/25 at 4:41 P.M., Certified Nurse Aide (CNA) #2 said that the documentation of ADL's is done in POC in the EMR and has to be completed by the end of the shift.</p> <p>During an interview on 04/29/25 at 5:15 P.M., the Director of Nurses (DON) said CNA's document the ADL's they provided to the residents in POC in the EMR and it should not be incomplete. The DON said it was her expectation that the CNA's should be documenting all care provided to residents by the end of every shift and should not be left blank.</p>		