

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Elaine Center at Hadley		STREET ADDRESS, CITY, STATE, ZIP CODE 20 North Maple Street Hadley, MA 01035	

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 - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48138</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who on 11/14/24, was found with a dressing on his/her right heel, dated 11/12/24, which concealed a suspected deep tissue injury (DTI), the Facility failed to ensure he/she was provided with nursing care and treatment that met professional standards of quality, when there was no nursing documentation to support when the wound was initially found, who applied the dressing on 11/12/24, and what if any, treatment orders were obtained from the provider.</p> <p>Findings include:</p> <p>Standard Reference: Standard of Practice Reference: Pursuant to Massachusetts General Law (M.G.L), chapter 112, individuals are given the designation of registered nurse and practical nurse which includes the responsibility to provide nursing care. Pursuant to the Code of Massachusetts Regulation (CMR) 244, Rules and Regulations 3.02 and 3.04 define the responsibilities and functions of a registered nurse and practical nurse bear full responsibility for systematically assessing health status and recording the related health status and recording the related health data. They also stipulate that both the registered and practical nurse incorporated into the plan of care and implement prescribed medical regimens. The rules and regulations 9.03 define standards of Conduct for Nurses where it is stipulated that a nurse licensed by the Board shall engage in the practice of nursing in accordance with accepted standards of practice.</p> <p>Review of the Facility's policy, titled Skin Integrity and Wound Management, dated 10/15/24, indicated the following:</p> <ul style="list-style-type: none"> - the staff shall promptly notify the resident and representatives, his/her attending Physician and interdisciplinary team of changes in the resident's skin condition and/or status. - Complete wound evaluation upon new in-house acquired wound. - Staff to observe skin daily and report any changes or concerns. - Obtain wound care orders. - Review and revise care plan. <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 was admitted to the Facility in February 2024, diagnoses included Parkinson's disease, type II diabetes, dementia, and history of falls.</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 11/15/24, indicated that on 11/14/24, Resident #1 was found with a dressing on his/her right heel, dated 11/12/24, and when the Wound Care Nurse removed the dressing, she found a Deep Tissue Injury (DTI) to the right heel. The Report further indicated that Facility staff who worked on 11/12/24 were interviewed and all said they were not aware of a pressure area, or of a dressing being applied.</p> <p>During an interview on 12/12/24 at 12:20 P.M., the Wound Care Nurse said she found the DTI to Resident #1's right heel on 11/14/24 when she was providing wound care and assessing Resident #1's other known wounds. The Wound Care Nurse said the dressing found on Resident #1's right heel was dated 11/12/24 from the day shift, but had no nursing initials and there was no report or documentation of the DTI in his/her medical record. The Wound Care Nurse said whoever the the nurse was that applied the dressing to Resident #1, did not report the new area or document it, or obtain treatment orders, per facility policy.</p> <p>During an interview on 12/12/24 at 12:50 P.M., Nurse #1 said she was one of the nurses working on Resident #1's unit on 11/12/24 on the day shift. Nurse #1 said she did not put a dressing on Resident #1's right heel and was not aware that he/she had any new skin breakdown areas being.</p> <p>During an interview on 12/12/24 at 1:09 P.M., Nurse #2 said he completed Resident #1's skin assessment on 11/13/24 and could not recall if there was a dressing in place on Resident #1's right heel.</p> <p>Further review of the HCFRS Report, dated 11/15/24, indicated the Director of Nursing interviewed Nurse #2 who said he had completed a skin assessment on 11/13/24, but that Nurse #2 did not check off on the assessment that a foot evaluation was completed.</p> <p>During an interview on 12/12/24 at 12:40 P.M., the Staff Development Coordinator (SDC) said the outcome of the Facility's investigation was that they were unable to determine which staff member placed the dressing on Resident #1's right heel. The SDC said a facility wide assessment of all Resident's skin was conducted on 11/14/24 and all Nursing staff were educated on change in condition, risk management, notification and documentation.</p> <p>During an interview on 12/12/24 at 1:23 P.M., the Director of Nurses said she could not find any documentation in Resident #1's Medical Record regarding his/her right heel pressure injury, including any assessments or an Incident Report. The DON said it was her expectation that nursing staff should have assessed Resident #1, initiated and completed a full body skin assessment, and should have followed the process identified in their Skin Integrity and Wound Management Policy, but they did not.</p> <p>On 12/12/24, the Facility presented the Surveyor with a Plan of Correction that addressed the areas of concern identified in this survey (with an effective date of 11/30/24) the Plan of Correction provided is as follows:</p> <p>A. On 11/14/24, Resident #1 was assessed and found to have the right heel pressure injury and treatment was initiated per Facility Policy.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. On 11/14/24, treatment orders were obtained for Resident #1's right heel deep tissue injury.</p> <p>C. On 11/14/24, a Facility wide audit was completed on resident skin assessments by the Director of Nursing to ensure all Residents were identified who are at risk for skin breakdown.</p> <p>D. 11/14/24, staff identified as working and potentially involved in the deficient practice of 11/12/24, were required to complete education prior to starting their next shift regarding the wound care treatment protocol.</p> <p>E. 11/14/24, Weekly Skin Audits were initiated, and will be completed weekly for 4 weeks, then monthly for 2 months by the Director of Nursing and/or Designee to ensure residents with skin impairment have been adequately assessed and findings documented.</p> <p>F. 11/20/24 Ad-Hoc Quality Assurance and Performance Improvement (QAPI) was conducted, and results of audits will continue to be presented at the next monthly QAPI meeting.</p> <p>G. Effective 11/14/24, the Staff Development Coordinator initiated mandatory education for all nursing staff on Skin and Wound Care and the Policy Requirements.</p> <p>H. The Director of Nursing and/or Designee are responsible for overall compliance.</p>