Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225704	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of West Bridgewater	765 West Center Street West Bridgewater, MA 02379

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 40702 Based on records reviewed and interviews for one of three sampled residents (Resident #1), the Facility failed to ensure they maintained a complete and accurate medical record, although Resident #1 no longer required the use of a bed alarm, nursing continued to document on it's function and placement on his/her Treatment Administration Record. Findings Include: Review of the Facility's Policy tilted Nursing Documentation, dated as last reviewed September 05, 2024, indicated the following: -the Facility will ensure nursing documentation is consistent with professional standards of practice, the state nurse practice act, and any state laws governing the scope of nursing practice -long-term care facilities maintain clinical records for each resident and these records must be complete and accurate -document only the care actually provided Resident #1 was admitted to the Facility in July 2024, diagnoses included myasthenia gravis (weakness and fatigue of muscles under voluntary control), difficulty in walking, muscle weakness, hypertension, asthma, and chronic obstructive pulmonary disease. Review of Resident #1's Treatment Administration Records (TARS), dated 08/30/24 through 08/31/24 and 09/01/24 through 09/09/24, indicated that nursing initialed and signed off his/her TARs that the bed alarm was checked for function and placement every shift. During an interview on 09/24/24 at 2:39 P.M., Nurse #1 said Resident #1 had been cleared by therapy to ambulate and toilet independently in his/her room (exact date unknown). Nurse #1 said Resident #1 did not have a bed alarm on his/her bed and said the bed alarm order should have been discontinued because he/she was now independent. Review of Resident #1's Therapy Care Plan Communication Tool, dated 08/30/24, indicated he/she was independent with toileting and independent in room with rolling walker for mobility/transfer. (continued on next page)

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: 225704	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of West Bridgewater		STREET ADDRESS, CITY, STATE, ZIP CODE 765 West Center Street West Bridgewater, MA 02379	

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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nurse #1 reviewed Resident #1's TARs with the Surveyor, for the period of 08/30/24 through 09/09/24 and Nurse #1 said that Resident #1's bed alarm order had not been discontinued, but should have been. Nurse #1 said he should not have signed off on Resident #1's bed alarm on the dates and shifts he worked (08/30/24 through 09/07/24) because Resident #1 did not use a bed alarm during that time frame. During an interview on 09/25/24 at 9:39 A.M., Nurse #2 said Resident #1 was independent with ambulation and toileting in his/her room and he/she did not use a bed alarm. Nurse #2 said she randomly checked off the bed alarm order on Resident's #1's TARs on the shifts she worked in September 2024 and said she should not have. During an interview on 09/26/24 at 1:19 P.M., Certified Nurse Aide (CNA) #1 said Resident #1 did not have a bed alarm in place. CNA #1 said Resident #1's bed alarm was removed after he/she was cleared by therapy as independent with toileting and ambulation with a rolling walker. During an interview on 09/24/24 at 1:30 P.M., the Unit Manager said Physical Therapy (PT) cleared Resident #1 to be independent with toileting and ambulation using a walker in his/her room (exact date unknown). The Unit Manager said when Resident #1 was cleared by PT his/her bed alarm was removed from the bed, but said he was not sure if the physician's order had been discontinued. The Unit Manager said he and all nurses were responsible to discontinue physician's orders and said the nurse assigned to Resident #1 the day he/she was cleared should have discontinued the order for the bed alarm. Review of Resident #1's Medical Record indicated there was no documentation to support nursing staff discontinued his/her physician's order for the bed alarm after he/she was cleared as being independent by therapy. During an interview on 09/24/24 at 3:37 P.M., the Director of Nursing (DON) said Resident #1 was independent with toileting and ambulation with a walker in his/her room. The DON said Resident #1 did not use a bed alarm because he/she had been cleared by therapy to be independent in his/her room. The DON said the nurses should not have been signing off on the bed alarm if Resident #1 was not using it and that his/her physician's order for the bed alarm should had been discontinued.