

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Bear Mountain at Sudbury		STREET ADDRESS, CITY, STATE, ZIP CODE 136 Boston Post Road Sudbury, MA 01776	

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 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>43963</p> <p>Based on record reviews and interviews, for one of three sampled residents, (Resident #3), who upon admission had been assessed by nursing as being at risk for weight loss, the Facility failed to ensure that he/she maintained acceptable parameters of nutritional status regarding usual body weight and desirable weight range, when he/she experienced an unplanned, undesired significant weight loss and after the weight loss was identified, no additional weight monitoring occurred for two (2) months.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Weight Monitoring, dated as last revised 12/22/21, indicated that the multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss/gain for all residents.</p> <p>The Policy further indicated the following;</p> <p>-The nursing staff will measure resident weights on admission, and weekly for three weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly;</p> <p>-Weights will be recorded in the resident's medical record;</p> <p>-Any weight change of five (5) percent (%) or more since the last weight assessment will be retaken within 24 hours for confirmation. If the weight is verified, nursing will notify the dietician, physician, and the resident/responsible party.</p> <p>-The threshold for significant unplanned and undesired weight loss/gain will be based on the following criteria;</p> <p>a. One (1) month-5 % weight loss is significant;</p> <p>b. Three (3) months-7.5 % weight loss is significant;</p> <p>c. Six (6) months- 10 % weight loss is significant; and</p> <p>-The Plan of Care is updated as needed.</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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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #3 was admitted to the Facility in August 2024, diagnoses include anemia, chronic obstructive pulmonary disease, depression, and dementia.</p> <p>Review of Resident #3's Physician Orders, dated 08/08/24, indicated to obtain his/her weight weekly times four (4), then continue monthly weights.</p> <p>Review of Resident #3's Care Plan titled Potential Nutritional Risk, dated 08/12/24, indicated he/she would maintain adequate nutritional status as evidence by (AEB) maintaining weight within 3 % of 115 pounds.</p> <p>Review of Resident #3's Notice of Determination of Resident Incapacity, dated 08/13/24, indicated his/her Health Care Proxy (HCP) was activated.</p> <p>Review of Resident #3's Quarterly Minimum, Data Set (MDS) assessment, dated 11/13/24, indicated he/she had moderate cognitive impairment.</p> <p>Review of Resident #3's Weight Summary Log, indicated the following:</p> <ul style="list-style-type: none"> -08/08/24, 115.0 pounds; -08/15/24, 111.6 pounds; -08/22/24, 112.2 pounds; -09/05/25, 112.6 pounds; -10/07/24, 102.4 pounds; -10/08/24, 105.2 (6.6% loss in 30 days) <p>-there was no weight documented for the month of November 2024.</p> <p>Further review of the Nutrition Care Plan indicated that on 11/14/24, his/her goals had been revised indicating, Resident #3 will maintain adequate nutritional status AEB maintaining weight within 3% of 105 pounds.</p> <p>Review of Resident #3's Weight Summary Log, indicated the following:</p> <ul style="list-style-type: none"> -12/22/24, 103.0 pounds; and -01/17/25, 101.6 pounds (which was just over a 3% weight loss since 11/2024, and a 12.1 % weight loss in 60 days). <p>Review of Resident #3's Physician Orders, dated 01/15/25, indicated there was no documentation to support he/she had an active order to obtain his/her weight's.</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 #3's medical record, including but limited to, nurse progress notes, physician notes and dietician notes indicated that there was no documentation to support nursing staff notified the physician, dietician, or his/her activated HCA of a significant weight loss in a timely manner.</p> <p>Further review of the medical record, indicated there was no documentation to support that once discovered, no monitoring of his/her weights had been conducted.</p> <p>During a telephone interview on 01/22/25 at 3:12 P.M., the Registered Dietician (RD) said that she does not remember being notified about a significant weight loss for Resident #3.</p> <p>The RD said she reviewed a physician's note dated 10/14/24 noting his/her weight and said she thought that documentation was sufficient considering they spoke about Resident #3's plan.</p> <p>During a telephone interview on 01/23/25, the Assistant Director of Nurse (ADON) said that she was unaware that Resident #3 had a significant weight loss.</p> <p>The ADON said that the Facility's expectation for monitoring any weight loss/gain is once a weight is obtained, the nursing staff will enter the weight into the Point Click Care (PCC, electronic medical record system).</p> <p>The ADON said that if a weight loss/gain is identified, the resident is to be re-weighed within 24 hours to ensure accuracy and once confirmed being accurate nursing staff will promptly notify the physician, dietician, the resident, and/or HCA.</p> <p>During an interview on 01/15/25 at 4:19 P.M., the Director of Nurses (DON) said that she was unaware that Resident #3 had a significant weight loss.</p> <p>The DON said that the Facility's expectation on identifying weight loss/gain is once the weight loss is identified and confirmed, the nursing staff must inform the resident's physician, HCA, and the dietician.</p>		