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 11/05/2024
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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44337 Based on observation, interview, and policy review, the facility failed to provide a dignified dining experience for one Resident (#2), out of a total sample of 19 residents. Specifically, the facility staff stood over and remained standing while assisting Resident #2 during a breakfast meal. Findings include: Resident #2 was admitted to the facility in November 2021, with diagnoses including Multiple Sclerosis (MS: a chronic autoimmune disorder of the central nervous system marked by numbness, weakness, loss of muscle coordination, and problems with vision, speech, and bladder control). Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #2: -was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of nine out of a total possible score of 15. -required substantial/maximum assist with feeding. Review of the facility policy titled Assistance with Meals last revised July 2017, indicated the following: -Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example: not standing over residents while assisting them with meals . On 11/4/24 at 8:48 A.M., the surveyor observed Resident #2 lying in bed with the head of the bed elevated. The surveyor also observed Certified Nurses Aide (CNA) #3 standing over Resident #2 while assisting him/her with the breakfast meal. During an interview and observation at the same time, Additional Staff (Nursing Supervisor) #1 said that CNA #3 should be seated next to the Resident and not standing over him/her while assisting with the breakfast meal. Additional Staff #1 also said that standing over the Resident while assisting him/her to eat is not homelike and undignified.

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: 225710	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50320 Based on interview, and record and policy review, the facility failed to inform three Residents (#5, #4, and #58) and or their Representatives in advance of changes to the plan of care relative to the use of psychotropic (medication that affects how the brain works and causes changes in mood, awareness, thoughts, feelings or behavior) medications, out of a total sample of 19 residents. Specifically, the facility failed to obtain written consent for the use of psychotropic medications before administering: 1. Seroquel and Zyprexa (antipsychotic - medication that treats psychosis (a collection of symptoms that affects one's ability to tell what's real and what is not) medications to Resident #5 for Bipolar Disorder (a mental health condition that causes extreme mood swings that include emotional highs [mania or hypomania] and lows [depression]) and Psychotic Disorder (a mental illness that causes abnormal thinking and perceptions. Psychotic illnesses alter a person's ability to think clearly, make good judgments, respond emotionally, communicate effectively, understand reality, and behave appropriately). 2. Topamax (Topiramate - anti-seizure/mood stabilizer) medication to Resident #4 for Behaviors. 3. Hydroxyzine (Atarax - anti-anxiety) medication to Resident #58 for Generalized Anxiety Disorder (a mental health condition that causes fear, worry and a constant feeling of being overwhelmed). Findings include: Review of the facility policy titled Psychotropic Medication Treatment in Long Term Care Centers, dated January 2021 indicated: -Prior to administering psychotropic medication .a facility will obtain the informed written consent of the resident, the resident's health care proxy (HCP- the person chosen as the healthcare decision maker when the individual is unable to do so for themself) or the resident's Guardian (a court appointed person who makes important personal and healthcare decisions for an adult who lacks the capacity to make their own decisions). -certain controlled substances . used in the treatment of psychiatric diagnosis, symptom or behavior. This includes, but is not limited to, certain medications used to treat seizure disorders, certain beta-blockers, and other controlled substances. -When any of these controlled substances or any other medication is used to treat a psychiatric diagnosis, symptom or behavior, the facility shall obtain informed written consent prior to administering the medication to a resident. -In order to determine whether a facility must obtain written consent prior to administering a controlled substance .the facility should consider the circumstances that led to the order, including the resident's symptoms and any behaviors, and refer to the prescriber's order to determine the indication for use of the controlled substance. (continued on next page)

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 11/05/2024
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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Resident #5 was admitted to the facility in September 2024, with diagnoses including Bipolar Disorder with psychotic features (a mood disorder that features extreme shifts in mood that include emotional highs [mania or hypomania] and lows [depression], during which hallucinations or delusions can occur). Review of Resident #5's Minimum Data Set (MDS) Assessment completed on 9/30/24, indicated: -the Resident was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 points. -the Resident had diagnoses of Bipolar Disorder (a mental health condition that causes extreme mood swings that include emotional highs [mania or hypomania] and lows [depression]) and Psychosis (severe mental condition in which thought and emotions are so affected that contact is lost with external reality) and was taking antipsychotic medications. Review of Resident #5's Clinical Record indicated a Physician's order dated 9/11/24, for the following medications: -Olanzapine (Zyprexa) tablet 2.5 milligrams (mg), give 3 tablets by mouth two times a day for psychotic features. -Quetiapine Fumerate (Seroquel) oral tablet 50 mg, give 1 tablet by mouth at bedtime for antipsychotic/antimanic agents. Review of the Medication Administration Records (MAR) for September 2024, October 2024, and November 2024, indicated the Zyprexa and Seroquel medications were administered to Resident #5 as ordered by the Physician. Further review of the clinical record indicated no evidence of signed consents for the Zyprexa or Seroquel medications. During an interview on 11/5/24 at 11:10 A.M., the Assistant Director of Nursing (ADON) said the Nurse who documents the Physician's order was responsible for completing the consent for psychotropic medication. The ADON said the facility should have had a signed consent in place for the Seroquel and Zyprexa medications before the medications were administered to Resident #5, but the ADON was unable to provide evidence that the staff had done so. 51571 2. Resident #4 was admitted to the facility in November 2021, with diagnoses including Alzheimer's Disease unspecified (a progressive disease beginning with mild memory loss and leading to the loss of the ability to carry on a conversation and respond to the environment, involves parts of the brain that control thought, memory, and language), Major Depressive Disorder Recurrent Severe with Psychotic Symptoms (symptoms lasting greater than two weeks of a persistently low or depressed mood and a loss of interest in activities that a person used to enjoy), Generalized Anxiety Disorder (an excessive, ongoing anxiety and worry that are difficult to control and interfere with day-to-day activities) and Delusional Disorder (is a type of mental health condition in which a person can not tell what is real from what is imagined). (continued on next page)

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 11/05/2024
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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Resident's clinical record indicated that the Resident had appointed a designated Health Care Proxy (HCP: the person chosen as the healthcare decision maker when the individual is unable to do so for themself). The HCP was invoked (made active) on 5/10/18. Review of the Resident's Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #4 was severely cognitively impaired as evidenced by a score of 4 out of a total score of 15 on the Brief Interview for Mental Status (BIMS) exam. Review of the Resident's clinical record included a Behavioral Health Progress Note dated 10/14/24, that recommended to add Topamax 25 milligrams (mg) orally once at bedtime. Review of the Resident's Physician's Progress Note dated 10/14/24, indicated a new medication order for Topamax 25 mg at bedtime would be ordered as recommended by the Behavioral Health Consultant. Review of the Resident's October 2024, Physician's orders included: -Topamax Oral Tablet 25 mg (Topiramate). Give 1 tablet by mouth at bedtime for Behaviors, initiated 10/22/24 and start date of 10/23/24. Review of the Resident's 10/23/24 - 11/3/24 Medication Administration Record (MAR) indicated that the Topamax medication was administered to Resident #4 daily as ordered. Review of Resident #4's clinical record did not include a written informed consent for the administration of psychotropic medication, related to the administration of Topamax (Topiramate) for behavioral symptoms. During an interview on 11/4/24 at 1:08 P.M., the ADON said that Resident #4 should have had an informed written consent for the use of Topamax because the medication was being administered for behavioral symptoms. During an interview on 11/4/24 at 4:13 P.M., the ADON said she was not able to find a written informed consent signed by the HCP for the administration of Topamax for Resident #4. The ADON said that an informed consent for the use of psychotropic medication should have been reviewed with and signed by the HCP before the administration of the Topamax medication, but it had not been done. 45429 3. Resident #58 was admitted to the facility in July 2024, with diagnoses including Major Depressive Disorder and Generalized Anxiety Disorder. Review of Resident #58's Minimum Data Set Assessment (MDS) completed on 10/28/24, indicated: -a Brief Interview for Mental Status (BIMS) exam indicating that the Resident was cognitively intact as evidenced by a score of 13 out of a possible total score of 15. -the Resident had Depression and Anxiety. -was prescribed an antidepressant and an anti-anxiety medication. (continued on next page)

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 11/05/2024
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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #58's November 2024 Physician's orders indicated: -Hydroxyzine HCl (hydrochloride) Oral Tablet 25 milligrams (mg). Give 0.5 tablet by mouth every 8 hours as needed for anxiety related to Generalized Anxiety, start date of 8/9/24 Review of Resident #58's Medication Administration Record (MAR) for August 2024, September 2024 and October 2024, indicated the Hydroxyzine medication was administered once daily on the following dates: -8/5/24 -8/11/24 -9/7/24 -9/14/24 -9/17/24 -10/3/24 -10/30/24 Further review of Resident #58's Clinical Record indicated no evidence of a signed consent for the Hydroxyzine medication. During an interview on 11/4/24 at 9:02 A.M., the ADON said that a psychotropic medication consent form should have been completed for the administration of the Hydroxyzine and it had not been.

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 11/05/2024
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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 44337 Based on record and policy review, and interview, the facility failed to appropriately review and accurately execute Advance Directives (legal documents that provide instructions for medical care and only go into effect if you are unable to communicate your own wishes) for one Resident (#26) out of a total sample of 19 residents. Specifically, the facility failed to ensure that the correct Resident's name was entered on Resident #26's MOLST (Massachusetts Medical Order for Life-Sustaining Treatment) form, when another individual's name and Resident #26's date of birth were included on the form placing the Resident at risk for not having his/her final wishes upheld. Findings include: Review of the facility policy titled Massachusetts Advanced Directives, revised 8/3/22, indicated the following: -to maximize the rights of each resident, ensuring that their wish(es) regarding medical decision making is upheld and the safety of each individual is met - . Elected staff will confirm that information is appropriately documented in the medical record . Resident #26 was admitted to the facility in November 2021 with diagnoses including Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory and loss of judgment). Review of Resident #26's clinical record indicated a MOLST form, reflecting the Resident's wishes to forgo any life sustaining treatment, signed on 6/20/19, by Resident #26's invoked (put into effect by order of a Physician) Health Care Proxy (the legally appointed person chosen as the healthcare decision maker when the individual is unable to do so for themself). The MOLST form also indicated Resident #26's date of birth and the facility medical record number were entered accurately on the form. Further review of the MOLST form indicated that Resident #26's name had been inaccurately entered on the MOLST form. During an interview on 11/4/24 at 1:17 P.M., Additional Staff (Nursing Supervisor) #1 said that the name entered on the MOLST form was not Resident #26's name and the form was inaccurate. Additional Staff (Nursing Supervisor) #1 said that because the MOLST form was inaccurate it was considered invalid, and any life sustaining treatment wishes documented on the form would not be honored in the event that Resident #26 required emergency treatment in the facility or upon transfer to another facility.

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 11/05/2024
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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47901 Based on interview, record and policy review, the facility failed to notify the Physician/Non-Physician (NPP) of a significant change in condition for one Resident (#19) out of a total of 19 total residents. Specifically, the facility failed to notify the Physician/NPP of a recommended change in treatment for Candida Glabrata (yeast infection) made by the Consulting Physician/NPP and obtain treatment orders for Resident #19, resulting in unmanaged itching and discomfort of the Resident's genital (external reproductive organ) area. Findings include: Review of the facility's policy titled Change in Resident's condition or Status and Notification, revised 1/1/20, indicated: -The Registered Nurse (RN) Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been a significant change in the resident medical/mental conditions and/or status including but not limited to a need to alter the resident's medical treatment. -Regardless of the resident's current mental or physical condition, the RN Nursing Supervisor/Charge Nurse will inform the resident of any changes in his/her medical care or nursing treatments. -The RN Nurse Supervisor/Charge Nurse will record in the resident's medical record information relative to changes in the resident's medical condition or status. Resident #19 was admitted to the facility in August 2024, with diagnoses including Unspecified Disease of the Anus and Rectum and Diabetes Mellitus (DM - disease in which the body's ability to produce or respond to the hormone insulin is impaired resulting in variable blood glucose [sugar] levels in the blood). Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #19 was cognitively intact as evidenced by a Brief Interview of Mental Status (BIM) score of 15 out of 15. During an observation and interview on 11/3/24 at 3:21 P.M., Resident #19 said that he/she has and continue to experience consistent itching of his/her genital area which gave him/her extreme discomfort, but the facility staff had not followed up with a medication recommended by the Consultant Physician. Review of Resident #19's clinical record indicated the Resident had a consult with the Consultant Specialty Physician on 10/16/24, and the Specialty Physician recommended Boric Acid (medication used to treat yeast infection) application to the genital area once a day for 30 days, with a diagnosis of Candida Glabrata. (continued on next page)

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 11/05/2024
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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #19's October 2024 and November 2024 clinical record indicated no documented evidence that the Consulting Physician recommended Boric Acid medication had been reported to, reviewed, and/or addressed by the facility Physician/NPP. During an interview on 11/4/24 at 8:29 A.M., Nurse #2 said the Boric Acid medication had not been ordered by the facility Physician/NPP. During an interview on 11/4/24 at 8:33 A.M., the Director of Nursing (DON) and the Administrator said they were not aware of the Consulting Physician recommended medication and that they would investigate. During a follow-up interview on 11/4/24 at 8:51 A.M., the DON said there was no evidence in the clinical record that the Boric Acid medication had been reported to the facility Physician/NPP. The DON and the Administrator both said they had notified the facility Physician after the surveyor inquiry today and the Physician had approved the Boric Acid medication to be ordered for Resident #19 (19 days after the Consulting Physician assessment and Boric Acid medication recommendation).

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 11/05/2024
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)
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50320 Based on record review, and interview, the facility failed to ensure that the Minimum Data Set (MDS) Assessment was coded accurately for one Resident (#5) out of a total sample of 19 residents. Specifically, the facility failed to ensure that Hemodialysis (a procedure that filters the wastes, salts and fluid from your blood when your kidneys are no longer healthy enough to do the work) was coded correctly on Resident #5's most recent MDS assessment. Findings include: Review of The Centers for Medicare and Medicaid (CMS) MDS 3.0 Resident Assessment Instrument (RAI) Manual dated October 2024, indicated: -Code peritoneal or renal dialysis which occurs at the nursing home or at another facility. Resident #5 was admitted to the facility in September 2024, with diagnoses including end stage renal disease (ESRD: a medical condition where the kidneys cease functioning on a permanent basis leading to the need for a regular course of renal dialysis (requiring a machine that filters wastes salts and fluids from your blood when your kidneys are on longer healthy enough to do the work). Review of Resident #5's Physician's orders dated 9/11/24, indicated the Resident had orders for dialysis on Tuesdays, Thursdays, and Saturdays at 10:00 A.M. Review of Resident #5's 2024 Medication Administration Record (MAR) for September 2024, October 2024, and November 2024, indicated Resident #5 received dialysis treatments from 9/12/24 through 11/3/24 every Tuesday, Thursday and Saturday as ordered by the Physician. Review of the Resident's most recent MDS assessment dated [DATE], indicated the Resident was not receiving dialysis. During an interview on 11/4/24 at 10:52 A.M., the MDS Director said the MDS assessment completed on 9/30/24 for Resident #5 was coded incorrectly and should have been coded yes for dialysis. During a follow-up interview on 11/5/24 at 8:11 A.M., the MDS Director said there is no specific policy for MDS completion and that the facility uses the RAI manual to complete the assessments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225710	A. Building B. Wing	11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Mountain at Sudbury	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51571 Based on observation, interview, record and policy review, the facility failed to provide the necessary activities of daily living (ADLs - personal care activities including but not limited to, eating, grooming, and personal hygiene) care and services for one Resident (#4) out of a total sample of 19 residents. Specifically, for Resident #4, the facility failed to provide continual supervision by staff during mealtimes when the Resident required ADL assistance and supervision while eating. Findings include: Review of the facility policy titled Activities of Daily Living, dated 12/22/21, with revision date of December 2022, included: -A resident who is unable to carry out activities of daily living (ADLs) will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. -The facility will provide care and services for the following activities of daily living Dining-eating, including meals and snacks. Resident #4 was admitted to the facility in November 2021, with diagnoses including Alzheimer's Disease unspecified (a progressive disease beginning with mild memory loss and leading to the loss of the ability to carry on a conversation and respond to the environment, involves parts of the brain that control thought, memory, and language), Major Depressive Disorder Recurrent Severe with Psychotic Symptoms (a mental health disorder in which a person has Depression along with loss of touch with reality. [Depression- a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life]), Adult Failure to Thrive (a syndrome of global decline in older adults as a worsening of physical frailty that is frequently compounded by cognitive impairment, weight loss, decreased appetite or poor nutrition and inactivity) and Dysphagia Oropharyngeal Phase (difficulty swallowing foods or liquids, arising from the throat or esophagus, ranging from mild difficulty to complete and painful blockage). Review of the Resident's Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #4: -was severely cognitively impaired as evidenced by a score of 4 out of a total score of 15 on the Brief Interview for Mental Status (BIMS) exam. -required continual supervision from staff while eating. Review the Resident's Care Plan, last revised 10/30/24, indicated that Resident #4 had an ADL self-care performance deficit related to Dementia, Major Depression and Adult Failure to Thrive and required an intervention of continual supervision while eating. (continued on next page)

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 11/05/2024
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Resident's Certified Nurses Aides (CNA) Kardex (communication system that gives a brief overview of each Resident and is updated every shift), dated 11/4/24, indicated that Resident #4 required continual supervision while eating. On 11/3/24 at 9:16 A.M., the surveyor observed Resident #4 lying in bed with eyes closed, the head of the bed elevated, and a breakfast tray set up on the overbed table, directly in front of the Resident. The surveyor observed that the breakfast food was cut up into bite sized pieces but there was no staff member present in the Resident's room. On 11/5/24 at 8:35 A.M., the surveyor observed Resident #4 lying in bed with the head of the bed elevated. The surveyor observed that the Resident had not yet been served a breakfast tray. On 11/5/24 at 8:41 A.M., the surveyor observed a CNA walk into the Resident's room, and place a breakfast tray on the overbed table, directly in front of the Resident. The surveyor observed the CNA cut up the food into bite sized pieces and then exited the room. The surveyor observed that no staff member re-entered the Resident's room to assist or supervise the Resident with the breakfast meal. On 11/5/24 at 8:48 A.M., the surveyor entered the Resident's room and observed the Resident feeding him/herself breakfast with no staff present in the room. During an interview at the time, the Resident said he/she could not hold his/her milk and there was no staff member present in the room to provide assistance and supervision to the Resident. On 11/5/24 at 8:51 A.M., the surveyor observed CNA #3 walk into the Resident's room and place a warm beverage on the Resident's breakfast tray. CNA #3 then exited the Resident's room without providing assistance or supervision to the Resident. During an observation and interview on 11/5/24 at 8:55 A.M., the surveyor and the Assistant Director of Nursing (ADON) observed the Resident lying in bed, head of the bed elevated, feeding him/herself breakfast with no staff member present to provide supervision. The ADON said that they were unaware of the level of assistance that the Resident required during mealtime, and would look into it. The ADON left the room to review the Resident's care plan and the surveyor continued to observe the Resident during the breakfast meal. On 11/5/24 at 9:01 A.M., the surveyor observed that several staff members walked by the Resident's room without checking on the Resident. At 9:04 A.M., the surveyor observed two staff members enter the Resident's room, provide physical repositioning assistance in bed to the Resident, and then both staff members exited the room. The surveyor observed the Resident's breakfast tray was still in front of him/her and the Resident continued to feed him/herself the breakfast meal. During an interview on 11/5/24 at 9:15 A.M., the ADON said that the Resident was care planned for continual supervision at mealtime. The ADON also said that continual supervision meant that a staff member should stay with the Resident continually and supervise during the entire meal. The ADON said that the Resident had not been continually supervised during the breakfast meal served this morning, but should have been continually supervised. (continued on next page)

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 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Mountain at Sudbury	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/5/24 at 10:13 A.M., the MDS Director and Dietitian said that the Resident was care planned for continual supervision during meals. The MDS Director and Dietitian both said that the expectation was that staff would continually supervise the Resident when he/she was eating, as related to his/her diagnosis of Dysphagia and per recommendations made by the Speech Language Therapist [sic].

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 11/05/2024
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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429 Based on observation, interview, record and policy review, the facility failed to provide care and services as required for an indwelling urinary/Foley catheter (a flexible tube that passes through the urethra and into the bladder to drain urine outside the body) for one Resident (#35) out of a total sample of 19 residents. Specifically, for Resident #35, the facility failed to verify and assess that the correct size indwelling urinary/Foley catheter as ordered by the Physician was re-inserted when the Resident required replacement of a urinary catheter after a failed voiding trial (a medical assessment used to determine if a patient can spontaneously urinate after urinary catheter removal). Findings include: Review of the facility policy for Foley Catheter Care, dated 5/1/22, indicated: -it is the policy of this facility to maintain Physician's orders for the care and maintenance of a Foley catheter. -the Physician's orders will include when the Foley is to be inserted, the size of the Foley lumen (catheter size), the size of the Foley balloon (retention balloon- a tiny balloon at the end of the indwelling urinary catheter that is inflated with water to prevent the indwelling urinary catheter from sliding out of the body). Resident #35 was admitted to the facility in June 2023, with diagnoses including benign prostatic hyperplasia (BPH- enlarged prostate gland, which blocks the flow of urine) and lower urinary tract symptoms. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident #35 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. Further review of the MDS assessment indicated that the Resident was dependent for toileting. Review of Resident #35's September 2024 Medication Administration Record (MAR) indicated that the Foley catheter had been discontinued on 9/26/24 for a voiding trial. Review of Resident #35's clinical record indicated a Nursing Progress Note dated 9/27/24, that indicated: -the Resident's Foley catheter had been discontinued for the Resident to participate in a voiding trial. -the voiding trial failed, and the Foley catheter had been re-inserted on 9/27/24. Further review of Resident #35's clinical record did not indicate that the Foley catheter had been replaced since 9/27/24 or that a care plan had been in place for an indwelling urinary catheter. (continued on next page)

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 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Mountain at Sudbury	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #35's Treatment Administration Record (TAR) for September 2024 and October 2024 indicated the following pertaining to the Foley catheter placement: -Foley catheter size 0 and [NAME] size 0, had been checked every shift from 9/18/24 to 9/30/24 -Foley catheter size 0 and [NAME] size 0, had been checked every shift from 10/1/24 to 10/31/24 Review of Resident #35's November 2024 Physician's orders indicated: -Insert Foley catheter size 18 [Fr] with 10 cc (cubic centimeter or milliliter [ml]) balloon, start date 9/18/24 -Insert Foley catheter size 0 with size 0 balloon size, start date 9/18/24 On 11/3/24 at 9:26 A.M., the surveyor observed that Resident #35 had a Foley catheter in place, which was a size 16 Fr (French scale or system used to size catheters) Foley catheter with 30 ml balloon. During an interview at the time, Resident #35 said that he/she found the Foley catheter uncomfortable and wanted it taken out. On 11/4/24 at 12:02 P.M., the surveyor and the Assistant Director of Nursing (ADON) observed Resident #35's Foley catheter, and the ADON verified that the current Foley catheter that was in place was a size 16 Fr/30 ml balloon and not the size 18 Fr/10 ml balloon on the current Physician's orders. During an interview at the time, the ADON said that the incorrect size urinary catheter had been put into place after the Resident's voiding trial. The ADON also said that placing the incorrect size urinary catheter can lead to dislodgement, pain, and damage to the Resident's body.

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 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Mountain at Sudbury	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 50320 Based on record and policy review, and interview, the facility failed to ensure that Physician's orders were correctly administered relative to dialysis care for one Resident (#5) out of a total sample of 19 residents. Specifically, for Resident #5, the facility failed to assess a complete set of vital signs (medical signs such as temperature, pulse rate, blood pressure, and respiratory rate, that indicate the status of the body's vital functions) prior to dialysis (a treatment in which a machine filters wastes, salts and fluids from your blood when your kidneys are no longer healthy enough to do the work) as ordered by the Physician putting the Resident at risk for dialysis related complications. Findings include: Review of the facility policy Titled End Stage Renal Disease(undated), Care of a Resident with, indicated: -Education and training of staff includes specifically: >The type of assessment data that is to be gathered about the resident's condition on a daily or per shift basis. Resident #5 was admitted to the facility in September 2024, with diagnoses including end stage renal disease (ESRD a medical condition where the kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis [a procedure to remove waste products and fluid from the body when the kidneys stop working] or a kidney transplant to maintain life), and dependence on renal dialysis. Review of the Physician's orders dated 9/11/24, indicated the following: -Dialysis on Tuesday, Thursday and Saturday, pick up at 10:00 A.M. -Vital signs before departing facility to dialysis center every day shift Tuesday, Thursday and Saturday Review of Resident #5's Medication Administration Record (MAR) for September 2024, October 2024 and November 2024 indicated the vital signs to be documented should include blood pressure, temperature, pulse, respiration rate, and oxygen saturation (SpO2 - measure of Oxygen in the blood as a percentage of the maximum Oxygen the blood could carry). Review of Resident #5's medical record indicated no evidence that temperature, pulse, respiration rate or oxygen saturation rate vital signs were assessed on the following dialysis treatment days: -9/19/24 -10/3/24 (continued on next page)

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 11/05/2024
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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-10/17/24 -10/31/24 Further review of the Resident's medical record indicated no documentation in the progress notes as to why the vital signs before dialysis order was not completed. During an interview on 11/4/24 at 2:58 P.M., the Assistant Director of Nursing (ADON) said vital signs should have been documented as the Physician had ordered them. The ADON said if the Nurse on duty was unable to obtain the information the Nurse should write a progress note to address why the vital signs were not completed. The ADON said it is important to have this information to make sure the Resident remains medically stable and has no complications related to dialysis or ESRD diagnosis. During an interview on 11/5/24 at 7:56 A.M., Nurse #5 said she was not the Nurse working on the dates of the incomplete vital signs entries. Nurse #5 said if she was unable to obtain any of the information needed to complete the Physician's orders for vital signs, she would notify the Director of Nursing (DON) and the Doctor if needed and write a progress note on the reason the information was not assessed.

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 11/05/2024
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44337 Based on observation, interview and policy review, the facility failed to follow safe and sanitary food service practices in accordance with professional standards for food service safety to prevent the risk of foodborne illnesses for one Resident (#66), on the [NAME] Nursing Unit during a meal service observation. Specifically, the facility failed to ensure that staff training on food service safety was implemented when Certified Nurses Aide (CNA) #3 replaced a domed lid from a breakfast meal, that had fallen onto the floor in the [NAME] Unit hallway, over a meal plate on a breakfast tray and served the breakfast tray with the contaminated dome lid to Resident #66. Findings include: Review of the facility policy titled Assistance with Meals revised July 2017 indicated the following: -All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of food borne illness, including personal hygiene practices and safe food handling. Resident #66 was admitted to the facility in December 2021, with diagnoses including Cerebral Vascular Accident (CVA: when blood flow to a part of the brain is stopped either by a blockage or a rupture of a blood vessel). Review of Resident #66's Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of seven out of a total possible score of 15. On 11/4/24 at 8:21 A.M., the surveyor observed CNA #3 and Nurse #7 passing breakfast meal trays on the [NAME] Nursing Unit. The surveyor observed CNA #3 remove a meal tray from the cart, place it on a table outside Resident #66's room, and remove the domed lid from the plate. The surveyor observed the domed lid fall on the floor while CNA #3 continued to cut up food on the meal plate. The surveyor observed CNA #3 then picked up the domed lid off the floor, placed it over the food plate on the breakfast tray, entered Resident #66's room, and set the meal tray in front of the Resident and removed the domed lid. During an interview at the time Nurse #7 said that CNA #3 should not have picked up the domed lid off the floor and placed it over the Resident's breakfast plate. The surveyor observed Nurse #7 then remove the breakfast tray from the Resident's access and ordered another breakfast meal for the Resident.

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 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Mountain at Sudbury	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50138 Based on observation, interview, policy and record review, the facility failed to adhere to infection control standards of practice for two Residents (#34 and #56) out of a total sample size of 19 residents. Specifically, the facility failed to: 1. For Resident #34, follow Physician orders for Enhanced Barrier Precautions (EBP's - the use of protective gowns and gloves during high contact care activities that may provide opportunity for transmission of medication resistant organisms through staff hands and/or clothing), increasing the risk of organism transmission to the Resident and other Residents within the facility. 2. For Resident #56, perform hand washing procedure as required between glove changes while providing wound care to the Resident and appropriately disinfecting equipment to prevent contamination and the spread of infections. Findings include: 1. Review of the facility policy titled Enhanced Barrier Precautions, dated December 2022 with revision date February 2024 indicated: -EBP's are indicated for residents with any of the following: >Chronic wounds (a wound that has failed to heal within three months). -EBP's require gown and gloves to be put on prior to high contact care. -Examples of high contact care include: >Wound care Resident #34 was admitted to the facility in November 2021, with diagnoses including Pressure Ulcer (localized damage to the skin and/or underlying tissue that occurs as a result of long-term pressure) of the Sacral (triangular bone at the base of the spine) area, Stage 4 (a pressure ulcer that extends below the fat layer and into the deep tissues, including muscle, tendons, and ligaments, can extend to cartilage or bone). Review of Resident #34's Comprehensive Person-Centered Care Plan indicated: >Pressure ulcer, Stage 4 to the sacrum, effective December 2021. >EBP all shifts. >Administer treatments as ordered. (continued on next page)

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 11/05/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #34's November 2024 Physician's orders indicated: >Maintain EBP every shift for precautions, effective 3/21/23. >Stage 4 Pressure wound of the sacrum: -Wash wound with wound cleanser, pat dry. -Apply Collagen (structural protein) dressing then apply Alginate (absorbent dressing made from seaweed) and cover with foam dressing. Change daily and as needed. -Skin prep (fast drying liquid skin protectant) to the peri-wound (surrounding area of the wound edge) daily as needed for wound. On 11/5/24 at 8:15 A.M., the surveyor observed Nurse #3, and the Nursing Supervisor provide the following wound care for Resident #34's sacral wound: -Nurse #3 and the Nursing Supervisor knocked on the Resident's door and entered the room without donning (putting on) gown or gloves. -Nursing Supervisor closed the room door and then pulled the privacy curtain closed without donning gown and gloves. -Nursing Supervisor and Nurse #3 then cleansed their hands with alcohol-based sanitizer and donned clean gloves. -The surveyor did not observe either the Nursing Supervisor or Nurse #3 don gowns. -Resident #34 was assisted by Nurse #3 and the Nursing Supervisor to a left side lying position in bed. -Nurse #3 then doffed (removed) his gloves, disposed of the gloves in the trash bag, and performed hand hygiene with alcohol-based sanitizer. -Nurse #3 then set up dressing supplies on the over the bed table which was lined with a clean towel. -Nurse #3 then performed hand hygiene with alcohol-based sanitizer and donned clean gloves but no gown. -Nurse #3 removed the old dressing from Resident 34's sacrum and placed the old dressing into the trash bag. -Nurse #3 then cleansed the sacral wound with wound cleanser and gauze using proper technique of spiral circle. -Nurse #3 doffed his gloves and placed the gloves into the trash bag, performed hand hygiene using alcohol-based sanitizer and donned clean gloves. (continued on next page)

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 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Mountain at Sudbury	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)

F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

-Nurse #3 then dressed the Resident's sacral wound with a Collagen dressing, followed by Alginate dressing, and followed by a foam dressing.

-Nurse #3 doffed his gloves and placed the gloves into the trash bag, performed hand hygiene with alcohol-based sanitizer and donned clean gloves.

-Nurse #3 dated the Resident's sacral dressing with a pen.

-The Nursing Supervisor and Nurse #3 then repositioned Resident #34 in bed for comfort.

-The Nursing Supervisor and Nurse #3 then doffed their gloves and put the gloves into the trash bag, performed hand hygiene with alcohol-based sanitizer, and left the Resident's room.

During an interview with the Nursing Supervisor and Nurse #3 on 11/5/24 at 8:32 A.M., both Nurse #3 and the Nursing Supervisor said there were gowns and gloves available inside the Resident's doorway for use, but they forgot to put the gowns on. Nurse #3 said he forgot to put on a gown for EBP but he should have. The Nursing Supervisor said that all Residents with wounds should have EBP followed.

During a follow-up interview on 11/5/24 at 8:37 A.M., the Nursing Supervisor said gowns and gloves should have been worn with the wound care provided for Resident #34. The Nursing Supervisor said gowns and gloves should be worn to protect the Resident from infection transmission to the wound as the wound was a portal of entry for bacteria.

Durning an interview on 11/5/24 at 10:00 A.M., the Infection Preventionist (IP) said EBP is required for all Residents with chronic wounds. The IP said that Resident #34 has a chronic wound and was ordered to have EBP by the Physician. The IP said staff should wear gown and gloves when providing direct care with Residents on EBP because gowns and gloves were an important part of infection control. The IP said gowns and gloves should be used to prevent the Resident's wound from getting infected and also would prevent the staff members clothing from becoming contaminated with bacteria from the wound and spreading it to other Residents in the facility.

47901

2. Resident #56 was admitted to the facility in March 2024, with diagnoses including Methicillin Resistant Staphylococcus Aureus (MRSA - strain of gram-positive bacteria resistant to several antibiotics, making it difficult to treat, which spreads through contact with infected individuals) infection of wounds.

Review of Resident #56's November Physician's orders indicated the following:

-Maintain Enhanced Barrier Precautions (EBP) every shift, effective 10/2/24.

-Maintain wound vac (Vacuum Assisted Closure - negative pressure wound therapy that involves a suction pump, tubing and a foam dressing to aid in wound healing) pressure setting at 125 mmHg (millimeters of mercury) on continuous suction every shift, effective 10/24/24.

(continued on next page)

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 11/05/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-To Left Hip Wound, cleanse with wound cleanser, pat dry, apply cut out foam and wound vac via Y CONNECTOR every Monday, Wednesday Friday and as needed, effective 10/28/24. -To wound on lower and mid abdomen, cleanse with wound cleanser, pat dry, apply cut out foam and wound vac via Y CONNECTOR every Monday, Wednesday, Friday and as needed, effective 10/28/24. On 11/4/24 at 8:56 A.M., the surveyor observed the following during wound care treatment for Resident #56: -Nurse #2 and Nurse #4 donned gloves, mask and gown at the entrance of Resident #56's room. -Nurse #2 pushed the treatment cart into Resident #56's room, removed the wound care supplies from the treatment cart and placed them on top of the treatment cart. -Nurse #2 and Nurse #4 repositioned Resident #56 on his/her right side in bed. -Nurse #2 removed the old dressing from Resident #56's left hip wound, cleansed the wound with wound cleanser, then doffed his gloves and donned new gloves without performing hand washing. -Nurse #2 covered the wound with foam dressing and sealed the wound with tape. -Nurse #2 doffed his gloves then donned new gloves without performing hand washing, then cut the edge of the tape with scissors and applied the wound vac dressing. -Nurse #2 gathered all the trash and placed them in a trash bag, then doffed his gloves. -Nurse #2 doffed his gown in the Resident's bathroom, did not perform hand washing, then pushed the treatment cart out of Resident #56's room and placed the treatment cart in the hallway. During an interview on 11/4/24 at 9:20 A.M., Nurse #2 and Nurse #4 said they did not wash or sanitize their hands before donning and doffing their gloves, and they should have. Nurse #2 said they should have sanitized their hands when they removed the gloves before wearing new gloves. Nurse #2 said they should have washed their hands after they discarded the trash in the Resident's bathroom. Nurse #2 also said they should have disinfected the treatment cart before bringing it out of the Resident's room, but this was not done.