

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Hancock Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 164 Parkingway Quincy, MA 02169	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>48084</p> <p>Based on record review and interview, the facility failed to ensure a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent new ulcers from developing for one Resident (#102), out of a total sample of 24 residents. Specifically, the facility failed to provide diabetic foot care treatments and skin checks as ordered by the physician.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Skin Integrity Guidelines, dated as last revised 2019, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -All residents will be assessed/observed for risk of skin breakdown within 24 hours of admission, quarterly, and as necessitated by change in condition. -Wound will be documented on weekly measuring tools such as weekly measuring assessment. -Interventions will be documented in the Resident Care Plan. -Licensed nurse will be responsible for performing skin evaluation/observation. <p>Review of the facility's policy titled Nursing Care of the Resident with Diabetes Mellitus, dated as last revised December 2015, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Recognize, manage, and document the treatment of complications commonly associated with diabetes. -Complications Associated with Diabetes: Foot Complications-neuropathy, dry skin, calluses, poor circulation, ulcers. -Skin and Foot Care: skin should be kept as dry and clean as possible, apply lotion to dry skin as needed. <p>-Documentation:</p> <ul style="list-style-type: none"> -Assessment of the skin including the following: color, moisture, temperature, and any redness, ulcers, irritation, abrasions, and/or pruritus (itching). <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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Assessment of the feet should include the following: hygiene, temperature, color, circulation, any abrasions, sores, or injuries, any corns or calluses, and the condition of the toes and toenails.</p> <p>Resident #102 was admitted to the facility in July 2024 with diagnoses which included bacteremia (infection in the blood), End-Stage Renal Disease (ESRD) on hemodialysis, osteomyelitis (infection to the bone), diabetes mellitus with neuropathy (nerve damage affecting sensation), foot ulcer, toe amputations, and pressure ulcer.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 8/5/24, indicated Resident #102 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was cognitively intact. He/she had ESRD and was on dialysis, had pneumonia, a pressure ulcer, and a diabetic ulcer.</p> <p>Review of the medical record indicated Resident #102 was admitted to the facility in July with a coccyx pressure ulcer and diabetic foot ulcer and was at high risk for skin breakdown as evidenced by a score of 10 on the Norton Plus Pressure Ulcer Risk Scale.</p> <p>Review of the Comprehensive Care Plan indicated the following:</p> <p>-The Resident has potential for pressure ulcer development: Administer treatments as ordered; Follow facility policies/protocols for the prevention/treatment of skin breakdown. (7/31/24-care plan closed on 9/19/24)</p> <p>-The Resident has potential for pressure ulcer development: Administer treatments as ordered; Follow facility policies/protocols for the prevention/treatment of skin breakdown. (9/28/24)</p> <p>-The Resident has Diabetes Mellitus: Wash feet daily with mild soap and water. Dry thoroughly. May use a light dusting powder or lotion. Do not apply lotion or powder between the toes. (7/31/24- care plan closed on 9/19/24)</p> <p>-The resident has a behavior problem. Refuses to reposition to offload wound, refuses for daily dressing changes, refuses insulin. (9/12/24- care plan closed on 9/19/24)</p> <p>-The Resident has potential/actual impairment to skin integrity related to decreased/impaired mobility or function- coccyx, left heel ulcer, right heel ulcer, left toe amputations, right butt: Educate resident of causative factors and measure to prevent skin injury, follow facility protocols for treatment of injury, keep skin clean and dry, use lotion on dry skin, do not apply to site of injury, weekly skin check by licensed nurse. (9/28/24)</p> <p>Review of the Physician's Orders indicated the following:</p> <p>-Diabetic Foot Care (DFC): Bathe feet daily with warm water, do not soak, dry well especially between toes, apply a thin layer of lotion to feet but not between toes every evening shift. (7/30/24)</p> <p>-Document weekly skin check in the Weekly Skin Check Assessment (start 8/6/24)</p> <p>-Truvue boots (boot to offload heel pressure) while in bed. (7/30/24)</p> <p>Review of the Treatment Administration Record (TAR) indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-August 2024: DFC was signed (N or NA) indicating it was not administered 18 out of 23 opportunities. (Resident was at the hospital (MLOA) 8/13-8/21) and the Weekly Skin check was signed as administered one out of two opportunities.</p> <p>-Resident returned from MLOA on 8/21/24 and no re-admission skin check was done.</p> <p>-September 2024: DFC was signed (N or NA) indicating it was not administered 13 out of 17 opportunities. (MLOA 9/13-9/26).</p> <p>Further review of the TAR indicated the treatment for DFC as not coded as refused in the opportunities listed above.</p> <p>Review of the progress notes failed to indicate Resident #102 had been routinely/repeatedly refusing treatments.</p> <p>Review of the nursing progress notes indicated the following:</p> <p>-9/11/24: Resident #102 had refused nursing and wound care.</p> <p>-9/12/24: Resident #102 had new bilateral heel ulcers.</p> <p>-9/13/24: Resident #102 had been transferred to the hospital (unrelated to wounds).</p> <p>Review of the Wound Physician Evaluation and Management Summary, dated 9/12/24, indicated Resident #102 had an unstageable deep tissue injury (DTI) with intact purple/maroon skin to the left heel measuring 2 x 1.5 x depth not measurable centimeters (cm) and an unstageable DTI to the right heel with moderate drainage measuring 0.5 x 0.6 x 0.2cm. Treatments were initiated.</p> <p>In summary, Resident #102 had a complex medical history and was at high risk for pressure ulcer development. Heels were offloaded to prevent breakdown, DFC was not completed as ordered, and weekly skin checks were not completed as ordered. Despite offloading heels, Resident #102's heels both developed a DTI.</p> <p>During an interview on 10/3/24 at 11:30 A.M., Resident #102 said last night the nurse did a skin check. He/she said it was the first time since admission, someone came in and looked at his/her entire body and was writing things down. Additionally, he/she said they only get out of bed for dialysis as it is not very comfortable to sit in the wheelchair, but the air mattress and repositioning helps, and they wear the booties all the time. Resident #102 said no one has done DFC, specifically he/she said no one washes and dries his/her feet or applies lotion to his/her feet, they only change the dressings.</p> <p>During observation of wound rounds on 10/3/24 at 12:15 P.M., with the Wound Physician he said both heels were clean and dry and only needed skin prep applied and they could be left open to air. He said the facility is doing all the right things overall with offloading, the air mattress, and repositioning and Resident #102 is very compromised.</p> <p>(continued on next page)</p>

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48084</p> <p>Based on observation, record review, interview, and policy review, the facility failed to ensure the proper care and treatment of a peripherally inserted intravenous (IV) line device (a thin flexible tube that allows for the administration of fluids, medications, and blood product directly into a vein) and to ensure proper care and treatment of an internal jugular (IJ) venous access site after IJ line removal was provided in accordance with professional standards of practice for one Resident (#102), out of a total sample of 24 residents. Specifically, the facility failed to ensure:</p> <p>a. for the peripheral IV site: the dressing was changed, the line was replaced/site rotated after 96 hours, an order was obtained for an extended dwell time (greater than 96 hours but a seven-day maximum), and the line was not used after the maximum dwell time of seven days;</p> <p>b. for the IJ site: treatment orders were obtained to remove/change/apply a dressing and to monitor the insertion site for signs/symptoms of infection/bleeding post removal of the line.</p> <p>Findings include:</p> <p>Review of the Massachusetts 244 CMR Board of Registration in Nursing, Section 3, dated 6/11/21, indicated but was not limited to the following:</p> <p>-A registered nurse shall bear full and ultimate responsibility for the quality of nursing care he or she provides to individuals or groups. Included in such responsibility is health maintenance, teaching, counseling, collaborative planning and restoration of optimal functioning and comfort.</p> <p>-A registered nurse shall systematically assess health status, plan, and implement nursing intervention, evaluate outcomes and initiate change when appropriate, collaborate, communicate and cooperate as appropriate with other health care providers.</p> <p>-A licensed practical nurse bears full responsibility for the quality of health care she or he provides to patients or health care consumers.</p> <p>-A licensed practical nurse shall assess an individual's basic health status, evaluate outcomes of basic nursing intervention, and initiate or encourage change in plans of care, and collaborate, cooperate, and communicate with other health care professionals.</p> <p>Review of the Massachusetts Board of Registration in Nursing Advisory Ruling #9324, titled Accepting, Verifying, Transcribing and Implementing Orders, dated as last revised 4/11/2018, indicated but was not limited to the following:</p> <p>-It is the responsibility of the licensed nurse to ensure there is a proper patient care order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication or activity that requires which order in accordance with accepted standard of practice and in compliance with the Boards regulations.</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error.</p> <p>-The nurse is accountable for ensuring that any orders he or she implements are reasonable based on the nurses knowledge of that particular patient's care.</p> <p>It is the responsibility and obligation of the nurse to question a patient care order that is deemed inappropriate by a nurse according to his/her educational preparation and clinical experience.</p> <p>Review of the facility's policy titled Short Peripheral Catheter Insertion, dated January 2022, indicated but was not limited to the following:</p> <p>-The short peripheral intravenous catheter (PIVC) site is rotated every 96 hours and for any IV related complications. If resident has limited access, and there are no signs and symptoms or IV related complications, consult the prescriber and request an extension up to a total of 7 days maximum.</p> <p>-For residents with limited access, the prescriber may order to extend dwell time beyond 96 hours. The licensed nurse will perform a thorough site assessment prior to obtaining an order to extend dwell time and the licensed nurse will document, in the medical record, that there are no signs or symptoms of any IV related complications. Maximum duration of dwell time should not exceed 7 days.</p> <p>-Short PIVC site assessment should be performed at the following intervals: at least once per shift, when not in use.</p> <p>Review of the facility's policy titled Physician Orders, dated as last reviewed 9/2023, indicated but was not limited to the following:</p> <p>-If there is any question concerning interpretation of the physician's orders, the nurse will contact the physician for verification of the order.</p> <p>Resident #102 was readmitted to the facility in September 2024 with diagnoses which included bacteremia (infection in the blood), End-Stage Renal Disease (ESRD) on hemodialysis, diabetes mellitus, and pressure ulcers.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 8/5/24, indicated Resident #102 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was cognitively intact. He/she had ESRD and was on dialysis, had pneumonia, a pressure ulcer, and a diabetic ulcer.</p> <p>The surveyor observed the following:</p> <p>-10/1/24 at 3:13 P.M., Resident was lying in bed with a peripheral IV in his/her right forearm/wrist area with a tegaderm dressing (transparent adhesive dressing) covering the insertion site, the dressing was dated 9/21/24. Additionally, he/she had a large tegaderm dressing on the right side of his/her neck. The dressing was loose and falling off on the top corner. The dressing was dated 9/25/24 and said REMOVE 9/26/24. An IV pole was next to the bed with an empty bag of Cefazolin (antibiotic) with tubing attached hanging from the IV pole.</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-10/2/24 at 10:45 A.M., Resident was lying in bed with peripheral IV in his/her right forearm/wrist area with a tegaderm dressing covering the insertion site, the dressing was dated 9/21/24. Additionally, he/she had a white border gauze dressing on the right side of his/her neck dated 10/1/24.</p> <p>During an interview on 10/1/24 at 3:13 P.M., Resident #102 said they only administered the antibiotic in the IV once on this floor. He/she said they usually do it at dialysis and the nurses up here just flush it sometimes. He/she said no one had changed the dressing and that dressing and IV had been there since the hospital. Additionally, Resident #102 said the dressing on his/her neck had been there since the hospital as well and wasn't sure when it was supposed to be changed or if it was still needed. He/she said it was covering the insertion site from a different IV catheter they had used at the hospital.</p> <p>During an interview on 10/2/24 at 10:45 A.M., Resident #102 said he/she asked the nurse last night to change the bandage on his/her neck because it was falling off and you (the surveyor) had asked about it. He/she said the nurse put a new dressing on but wasn't sure if it was still needed. Resident #102 said he/she was going to ask the nurse to change the dressing on his/her forearm/wrist today when she came back in the room. Additionally, he/she said the pharmacy sent the wrong antibiotic dose, so they couldn't give it after dialysis today, so they were going to administer the dose when it arrived from the pharmacy.</p> <p>Review of the medical record indicated Resident #102 was hospitalized in September 2024.</p> <p>Review of the re-admission assessment failed to indicate the IV sites were assessed.</p> <p>Review of the re-admission nurse's note, dated 9/26/24, indicated Resident #102 was on IV antibiotics via right arm peripheral line for six weeks.</p> <p>Review of the Comprehensive Care Plan indicated a care plan was not developed until 10/2/24 for the IV antibiotic use.</p> <p>Review of the nursing progress notes failed to indicate staff had discussed the care and management of the IV sites with the provider.</p> <p>Review of the hospital discharge paperwork indicated but was not limited to the following:</p> <p>-A Peripheral IV was placed in right forearm on 9/21/24 at 17:33. Dressing change was due on 9/28/24.</p> <p>-A temporary right IJ was placed and subsequently removed on 9/23/24.</p> <p>-He/she was discharged back to the facility on [DATE].</p> <p>Review of the Physician's Orders indicated the following:</p> <p>-Flush peripheral line with 10 milliliters (ml) normal saline before medication and 10 ml following medication every Monday, Wednesday, and Friday. (9/28/24)</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Flush peripheral line with 10 ml normal saline daily for patency every Tuesday, Thursday, Saturday, and Sunday. (9/28/24)</p> <p>-Change peripheral catheter site dressing when compromised, with each site rotation, at least every 96 hours and as needed. (if extended dwell is indicated, obtain MD order. Maximum dwell should not exceed 7 days.) (9/28/24)</p> <p>-Observe peripheral site every shift with intermittent therapy or when not in use. (9/28/24)</p> <p>-Cefazolin 1 grams (gm) -use 2 gm IV one time a day every Monday and Wednesday for sepsis until 11/1/24. (9/30/24-clarified stop date on 10/2/24-order re-written)</p> <p>-Cefazolin 1 gm - use 3 gm IV one time a day every Friday for sepsis until 11/1/24. (9/30/24-clarified stop date on 10/2/24-order re-written)</p> <p>-Cefazolin 2 gm IV one time a day every Monday and Wednesday for sepsis with dialysis until 11/13/24. (10/2/24)</p> <p>-Cefazolin use 3 gm IV one time a day every Friday for sepsis with dialysis until 11/13/24. (10/2/24)</p> <p>Further review of the Physician's Orders failed to indicate an order for extended dwell time of the peripheral line and failed to indicate any orders related to the IJ site.</p> <p>During an interview on 10/2/24 at 11:28 A.M., Nurse #1 said they put a call out to the IV team for a new peripheral IV because the one in his/her arm was old and they need to administer antibiotics today.</p> <p>On 10/2/24 at approximately 11:30 A.M., the peripheral line was removed from the right forearm/wrist of Resident #102.</p> <p>During an interview on 10/2/24 at 1:28 P.M., Resident #102 said they were waiting for the IV Team to come and put a new IV in. He/she said they just took the one from the hospital out and said they wanted to put a new one in.</p> <p>During an interview on 10/2/24 at 1:30 P.M., Nurse #1 said she was not sure why they took the other line out, she said there must have been something wrong with it and they were waiting for the IV Team to come put a new one in to administer the antibiotics. She said the pharmacy had sent the wrong dose so they could not administer after dialysis and were going to give it once the new IV was in place and she did not know anything about the dressing on his/her neck.</p> <p>During an interview on 10/2/24 at 1:42 P.M., Unit Manager #2 said the Nurse Practitioner wanted a new line inserted it because that one was more than 7 days old. She said they only used it for the antibiotics once when he/she first came back. She said dialysis had been giving the medication after treatment and they had been flushing the IV to keep it patent.</p> <p>Review of the September 2024 Treatment Administration Record (TAR) indicated the following:</p> <p>(continued on next page)</p>		

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-IV Cephazolin was administered via the peripheral line on 9/28/24.</p> <p>-The treatment sheets failed to indicate an order to flush the line pre/post medication on 9/28/24.</p> <p>-The peripheral line had been flushed on 9/29/24.</p> <p>-The peripheral line site had been monitored every shift since 9/28/24 starting with the 3-11 shift.</p> <p>-Change peripheral catheter site dressing when compromised, with each site rotation, at least every 96 hours and as needed. 9/28/24 treatment marked refused.</p> <p>-No additional attempts to change dressing and/or rotate site were documented.</p> <p>Review of the October 2024 TAR indicated:</p> <p>-The peripheral line had been flushed on 10/1/24 during day shift and 10/2/24 at 9:00 A.M.</p> <p>-The peripheral line site had been monitored every shift.</p> <p>-Change peripheral catheter site dressing when compromised, with each site rotation, at least every 96 hours and as needed. 10/2/24 at 12:07 A.M., treatment signed off as administered.</p> <p>In Summary:</p> <p>-The peripheral IV was greater than 96 hours old, with no order for extended dwell time (up to 7 days)</p> <p>-The peripheral IV was accessed and used to administer normal saline and Cefazolin until 10/2.</p> <p>-The peripheral IV line and dressing were not changed until the line was 11 days old (after the surveyor inquired).</p> <p>During an interview on 10/4/24 at 9:52 A.M., the Director of Nurses (DON) said the IV was placed on 9/21/24 at the hospital and should not have still been in use on 10/2/24. She said the nurses were flushing the line per the orders, but the line should have already been replaced. She said the dwell time is four days and a maximum of seven days with a physician's order. The DON said she did not see an order for extended dwell time so this line should have been removed/replaced after four days. She said the nurses should have called the provider to let them know the line had been in for over four days and obtained an order for extended dwell time, to replace or remove the line. Additionally, she said the orders should have been written on 9/26/24 upon re-admission and they were not written until 9/28/24. The DON said there were no orders related to the IJ site and there should have been an order written to remove the dressing on 9/26/24 and to monitor the site for signs and symptoms of infection, and if the physician wanted a new dressing applied, then an order should have been written for that treatment. The DON was not sure why the orders were not implemented correctly.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>46862</p> <p>Based on interview and record review, the facility failed to ensure staff implemented dialysis care and services consistent with professional standards of practice for two Residents (#47 and #32), out of 24 sampled residents. Specifically, the facility failed:</p> <ol style="list-style-type: none"> 1. For Resident #47, to notify the physician and obtain orders post-left Arteriovenous (AV) fistula (a surgically connected artery and vein used for long term dialysis) revision and document the Resident's condition on return to the facility post-surgery; and 2. For Resident #32, to remove the pressure dressing applied by the dialysis center to the fistula in the left arm, as ordered by the physician, as recommended by the dialysis center and to provide proper monitoring of the site. <p>Findings include:</p> <p>Review of the facility's policy titled Dialysis Guideline, dated Revised 2019, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Care interventions required when a resident is on hemodialysis may exceed the usual identified problems and interventions provided to residents in long-term care setting. The following information will provide additional directions in assessment, planning and provision of care to our residents. -Residents receiving hemodialysis are transported routinely out of the facility. Communication is essential for continuity of care. -Communication between outpatient dialysis provider and facility should include: Written communication form with review of daily weights, any changes in condition or mood. -Pre-Dialysis Protocol: -Be cognizant of medications ordered and timing of administration. -Observe for lethargy, chest pain, headache, unsteady gait or nausea. -Communicate symptoms to outpatient dialysis center and physician. -Post Dialysis Protocol: -Review Communication Binder for any pertinent information. -Remove fistula/graft-dressing evening of dialysis treatment. -Check fistula for bruit (listening to fistula) or feel for a thrill (by touching the fistula). This must be done daily, best after dressing is removed. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Hancock Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 164 Parkingway Quincy, MA 02169	
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-If bleeding occurs any time after dialysis, apply pressure with clean gauze for 5-10 minutes. Repeat until bleeding stops or call dialysis unit (if open) or MD for further instructions.</p> <p>-Blood pressure as needed/daily or as the physician orders (do not take B/P on arm that fistula is in). Normal activity as tolerated.</p> <p>Review of the facility's policy titled Change in Resident Condition, dated 11/17, indicated but was not limited to the following:</p> <p>-The facility shall promptly notify the resident, his or her Attending Physician, and resident representative of changes in the resident's medical/mental condition and/or status.</p> <p>-The nurse will notify the resident's Attending Physician or physician on call when there has been:</p> <p>-Significant change in the resident's physical/emotional/mental condition.</p> <p>-Need to alter the resident's medical treatment significantly.</p> <p>Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated the following:</p> <p>-Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error.</p> <p>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 respectively. The regulations stipulate that both the Registered Nurse and Practical Nurse bear full responsibility for systematically assessing health status and recording the related health data. They also stipulate that both the Registered Nurse and Practical Nurse incorporate 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>1. Resident #47 was admitted to the facility in August 2024 with diagnoses including end stage renal disease, dependent on renal dialysis, and diabetes mellitus.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 9/3/24, indicated Resident #47's cognition was intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15 and was receiving dialysis services.</p> <p>Review of the Physician's Orders indicated but were not limited to the following:</p> <p>-Check bruit/thrill every shift to Left arm fistula. (8/28/24)</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Dialysis days are every M/W/F. (8/28/24)</p> <p>-Left AV Fistula Revision 10/1/24. (9/24/24)</p> <p>Review of the After Visit Summary, dated 10/1/24, indicated but was not limited to the following:</p> <p>-Change nystatin powder to apply topically two times a day as needed (red, moist patches limited to intertriginous skin folds).</p> <p>-Follow up with MD in clinic in 1-2 weeks.</p> <p>-Keep left upper extremity elevated for 24 hours after your surgery; do not lift greater than 10 pounds with your left upper extremity until your follow-up appointment.</p> <p>-The ACE wrap may be removed 1 day after surgery; the remaining surgical dressings may be removed 2 days after the surgery; under the dressing are sutures and staples that will be removed at your follow-up appointment.</p> <p>-You may shower and get the incision wet in 48 hours; let water and soap run down the incision and pat the incision dry; do not scrub.</p> <p>-You can apply ice to the area to assist with pain and swelling (15 minutes indirectly laid over your surgery site, then 15 minutes off).</p> <p>-Return to the emergency room if you exhibit any of the following: dizziness, increased pain, vomiting, shortness of breath, redness or swelling, chest pain or discomfort, bleeding, fever, or any new or worsening symptoms.</p> <p>Review of the nursing progress notes failed to indicate Resident #47 had returned to the facility post left AV shunt revision and an assessment had been completed.</p> <p>Further review of the Physician's Orders failed to indicate any additional orders for the care of the AV fistula post revision on 10/1/24 were obtained.</p> <p>During an interview and observation on 10/2/24 at 8:45 A.M., Resident #47 said he/she returned after having surgery on his/her left arm last night. Resident #47 said his/her shunt was not working. Resident #47's left upper extremity was noted to have an ACE bandage (a brand of elastic bandage or compression bandage that provides support and compression to help with recovery and return to activity) around operative site. Resident #47 said the ACE bandage should come off today. Resident #47 said he/she was not having pain.</p> <p>During an interview and observation on 10/2/24 at 2:47 P.M., the surveyor observed Resident #47 lying in bed with his/her left arm resting on the bed. Resident #47's left upper extremity had an ACE bandage around the operative site. Resident #47 said the nurse had not looked at his/her dressing yet.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and observation on 10/3/24 at 10:50 A.M., the surveyor observed Resident #47 lying in bed with his/her left arm resting on the bed. Resident #47's left upper extremity had an ACE bandage around the operative site. Resident #47 said the nurse peeked at his/her dressing but had not touched it. Resident #47 said no one had told him/her to keep his/her left arm elevated.</p> <p>During an interview and observation on 10/4/24 at 8:33 A.M., the surveyor observed Resident #47 lying in bed with his/her left arm resting on the bed. Resident #47's left upper extremity had the ACE bandage around the operative site removed. Resident #47 said the nurse took the ACE bandage off last night. There were three dressings in place secured with surgical tape over the left AV fistula. Resident #47 said the nurse looked at the dressings but had not changed them. Resident #47 said the dressings were the original dressings from his/her surgery.</p> <p>Review of the Comprehensive Care Plan failed to indicate a care plan for the care and treatment of an AV fistula shunt revision had been developed.</p> <p>On 10/4/24 at 8:00 A.M., the surveyor placed a call to Nurse #3 with no return call.</p> <p>During an interview on 10/4/24 at 8:29 A.M., Unit Manager (UM) #2 reviewed Resident #47's discharge information and medical record. UM #2 could not locate a progress note that Resident #47 was assessed post AV shunt revision or that the physician was notified of any changes. UM #2 said the receiving nurse should have reviewed the discharge information and contacted the physician for new orders.</p> <p>During an interview on 10/4/24 at 8:42 A.M., the Director of Nursing (DON) reviewed Resident #47's return from an AV shunt fistula revision that occurred on 10/1/24. The DON reviewed the discharge summary instructions and said the expectation was for the receiving nurse to review the discharge summary, obtain new orders and write a progress note. The DON said the nurse failed to do that.</p> <p>36542</p> <p>2. Resident #32 was admitted to the facility in August 2024 with a diagnosis of End Stage Renal Disease and was actively receiving dialysis treatments.</p> <p>Review of the MDS assessment, dated 9/25/24, indicated Resident #32 scored 15 out of 15 on the BIMS, indicating he/she was cognitively intact. The MDS indicated Resident #32 was receiving hemodialysis before and during their stay at the facility.</p> <p>Review of the Physician's Orders included an order written to remove the left upper extremity dressing every evening after dialysis on Mondays, Wednesdays, and Fridays and an additional order to monitor the dialysis access site every shift, every day.</p> <p>Review of the medical record indicated Resident #32 attended dialysis the previous evening (9/30/24) and the Treatment Administration Record (TAR) indicated the dressing to the left upper extremity had been removed.</p> <p>On 10/1/24 at 9:30 A.M., the surveyor observed Resident #32 in bed with a bandage on their left upper extremity and had not been removed as indicated on the TAR.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Dialysis Communication Book indicated on every day of dialysis the Dialysis Center had indicated to remove the fistula (a surgically created connection between an artery and a vein that allows patients to receive dialysis) dressing after four hours. Further review indicated the following notes:</p> <p>8/14/24- Please take off pressure dressing no later than morning after Hemodialysis, patient arrived with pressure dressing on fistula</p> <p>Review of the medical record indicated Resident #32 had a lengthy hospitalization from the end of August 2024 through the middle of September 2024, with no dialysis communication needed during this time.</p> <p>Further review of the Dialysis Communication book for Resident #32 indicated the following handwritten notes in the Dialysis Access Notes (only if applicable) section, in addition to the regularly circled directions of removing the dressing after four hours:</p> <p>9/27/24- remove dressing after four hours</p> <p>9/30/24- remove dressing after four hours</p> <p>10/2/24- remove dressing after four hours; and with an asterisk (*) please remove dressing after four hours</p> <p>On 10/2/24 at 10:37 A.M., the surveyor observed Resident #32 return from dialysis.</p> <p>On 10/2/24 at 4:30 P.M., the surveyor observed Resident #32 sleeping in bed with a dressing on the left upper extremity over the fistula.</p> <p>During an interview with observation on 10/3/24 at 8:51 A.M., the surveyor observed that Resident #32 had a dressing on the left upper extremity. The Resident said the nurses at the Dialysis Center want the nurses at the facility to remove the dressings the night of dialysis, but sometimes they forget. He/she said no one removed the dressing the previous night (10/2/24) after he/she returned from dialysis.</p> <p>During an interview on 10/3/24 at 9:10 A.M., Nurse #2 said the dressing was in place over the fistula used for dialysis. She said she was not sure when the dressing was supposed to be removed and would need to check. She said the Resident attended dialysis on 10/2/24.</p> <p>During an interview on 10/3/24 at 11:10 A.M., Nurse #2 said she had reviewed the orders and the dressing to the left upper extremity should have been removed the night prior.</p> <p>During an interview on 10/3/24 at 4:10 P.M., Unit Manager #3 said the dressing should be removed during the 3:00 P.M. to 11:00 P.M. shift the night of dialysis. He said the process was for the 7:00 A.M. to 3:00 P.M. nurse to review the dialysis communication book when the Resident returned from dialysis and the nurse should have been communicating with the 3:00 P.M. to 11:00 P.M. shift about notes regarding removing the dressing.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49424</p> <p>Based on observation, interview, and policy review, the facility failed to ensure all drugs and biologicals were stored in a safe and secure manner as required. Specifically, the facility failed for one Resident (#74), out of a total sample of 24 residents, to ensure Albuterol Inhalation Aerosol Solution (a bronchodilator used to relax airway muscles) was not left unsecured and unattended in the Resident's room.</p> <p>Findings include:</p> <p>Review of the facility's policy titled 11-Self-Administration of Medications, dated September 2023, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -The interdisciplinary team must also determine whether the resident or the nursing staff will be responsible for the storage and documentation of the administration of the drugs, and whether the drugs will be in the resident's room or at the nurse's station. -Lock boxes must be available for residents to maintain medications at the bedside. -Document on the resident's care plan. <p>Resident #74 was admitted to the facility in January 2024 with diagnoses including acute pulmonary edema, chronic obstructive pulmonary disease (COPD), and cognitive communication deficit.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 9/25/24, indicated Resident #74 scored 14 out of 15 on the Brief Interview for Mental Status exam, indicating the Resident was cognitively intact.</p> <p>Review of Resident #74's care plans and assessments failed to indicate the Resident was able to self-administer medication.</p> <p>During an observation with an interview on 10/1/24 at 7:54 A.M., Resident #74 said he/she kept the Albuterol in his/her room because he/she did not want to have to wait for staff to bring it in when he/she needs it. The Resident said he/she self-administers it whenever he/she feels as though he/she needs it. The Resident said he/she usually keeps it next to him/her on the bedside table.</p> <p>On 10/2/24 at 8:07 A.M., the surveyor observed the inhaler on the Resident's tray table unsecured and undated.</p> <p>During an interview on 10/2/24 at 12:30 P.M., Unit Manager #1 said Resident #74 could keep the inhaler in his/her room if the medication was secured and locked. She said the resident's ability to self-administer medication is assessed quarterly.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation with an interview on 10/3/24 at 9:31 A.M., the surveyor observed the Resident's inhaler on the tray table. Resident #74 said he/she liked to keep it in case he/she suddenly felt anxious, agitated, or short of breath. Resident #74 said he/she did not have a key for any of his/her drawers or a lock box in the room.</p> <p>On 10/4/24 at 11:50 A.M., the surveyor observed the Resident with the inhaler in their lap while sitting in the wheelchair and he/she said if he/she leaves his/her room, he/she likes to always keep it with him/her.</p> <p>During an interview on 10/4/24 at 12:15 P.M., the Director of Nurses read the policy to the surveyor and said the policy was not being followed. She said the Resident should not have the medication in their room unsecured or undated. She said if the Resident was not supposed to be self-administering medication, then the inhaler should be secured in the nurse's medication cart.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>36542</p> <p>Based on interviews and review of facility menus, the facility failed to ensure a repetitive menu was not provided to the residents resulting in complaints about the lack of variety in food options. Specifically, the facility failed to offer a variety of the main meal to residents on a renal diet (a diet that limits sodium, potassium, phosphorus, and sometimes protein to help people with kidney disease or limited kidney function).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Menu Development, dated as last reviewed September 2023, indicated nutritional needs of individuals will be provided in accordance with the established standards, as needed adjusted for age, gender, disability, and through nourishing diets, unless contraindicated by medical needs.</p> <p>Review of the facility's policy titled Menu Review, dated as last reviewed September 2023, indicated menus would be reviewed by the Registered Dietitian, Food Service Director or designated staff on an as needed basis and updated according to the needs of the population served.</p> <p>Review of the Resident Dining Committee Meeting Minutes for the months of June and September 2024 indicated discussions regarding repetitive meals served back-to-back and concerns with variety.</p> <p>During a group meeting held on 10/2/24 at 2:00 P.M., with 15 residents in attendance, the residents said they were sick and tired of getting repetitive meals including pork and chicken.</p> <p>Review of the 4-week cycle of menus for the Spring/Summer 2024 indicated the following:</p> <p>Week 2 Renal Diet-</p> <p>Tuesday Dinner: Fish Sandwich</p> <p>Wednesday Lunch: Baked Fish</p> <p>Thursday Lunch: Baked Fish</p> <p>Friday Lunch: Baked Fish</p> <p>Week 3 Renal Diet-</p> <p>Monday Lunch: Herb Baked Chicken</p> <p>Wednesday Lunch: Baked Chicken</p> <p>Wednesday Dinner: Baked Chicken</p> <p>(continued on next page)</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Thursday Dinner: Chicken Salad Plate</p> <p>Review of a complete list of resident's therapeutic diets indicated 16 residents had an order for a Renal diet.</p> <p>During an observation with interview on 10/2/24 at 11:40 A.M., the surveyor observed the lunch meal service in the kitchen, the current menu was Week 2, Wednesday. [NAME] #1 said the baked fish was for the Renal Diet.</p> <p>During an interview on 10/3/24 at 12:00 P.M., the Registered Dietitian said the process was for the regional Registered Dietitian to review and approve all menus (regular and therapeutic menus). She said no one had noticed until this morning that the menu for the Renal Diet had fish four times this week. She said the fish was already prepped for lunch today, so the residents on a Renal Diet would get the fish again.</p> <p>During an observation with interview on 10/3/24 at 12:35 P.M., the surveyor observed the lunch meal service in the kitchen, the current menu was Week 2, Thursday. [NAME] #1 said the baked fish was for the Renal Diet.</p> <p>During an interview on 10/3/24 at 1:40 P.M., Resident #32, who was on a Renal Diet, said they did not eat their lunch today because they did not want fish again. He/she said they had fish yesterday, had sent their lunch tray back and was waiting for soup.</p> <p>During an interview on 10/4/24 at 8:23 A.M., Resident #42, who was on a Renal Diet, said they receive fish for a meal two to three times per week. He/she said they do not like fish but had learned to tolerate it. He/she said they had told the Certified Nursing Assistants that they do not like the fish but have not been offered any substitutes.</p> <p>During an interview on 10/3/24 at 2:30 P.M., the Food Service Director said the process was for the Regional Registered Dietitian to review and make the menus. He said there was a Spring/Summer menu and a Fall/Winter menu. He said each menu repeats a four-week cycle for six months. He said the facility was currently using the Spring/Summer menu and had been since the Spring. He said residents had voiced concerns at the Resident Dining Committee about variety of foods and these particular menus had not been addressed on the Spring/Summer menu but had tried to address them on the upcoming Fall/Winter menu. He said he had just noticed the repetition of meals on the Renal Diet menu and realized there were other options that could have been served.</p> <p>During an interview on 10/3/24 at 3:30 P.M., Dietary Aide #1 said she completes a menu selection process (choosing the main meal or the alternate meal) with nine residents (out of a total census of 121) at the facility. She said two out of the nine residents were on a Renal Diet. She said there were not a lot of residents on the list who were on a Renal Diet because they had more restrictions and not a lot of options. She said the menu for the Renal Diet had a lot of fish.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>36542</p> <p>Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to maintain a safe and clean ice machine on three out of three floors.</p> <p>Findings include:</p> <p>Review of the 2022 Food Code, a model for safeguarding public health and ensuring food is safe for consumption, indicated but was not limited to: 4-602.11 Equipment Food-Contact Surfaces and Utensils: Surfaces of utensils and equipment contacting food that is not time/temperature control for safety such as ice makers, and ice bins must be cleaned on a routine basis to prevent the development of slime, mold, or soil residues that may contribute to an accumulation of microorganisms.</p> <p>On 10/3/24 at 3:50 P.M., the surveyor observed the 5-East unit to have a small automatic ice machine. The inside of the ice machine had black speckles on the cover and a brown slimy substance on the inside of the door. The surveyor observed a brown, slimy substance on the top section that was making ice. The machine was full of ice.</p> <p>On 10/3/24 at 3:55 P.M., the surveyor observed the 5-West unit to have a small automatic ice machine. The surveyor observed the inside of the ice machine with a brown substance along the edge and the top section with running water and a brown film. The machine had a couple of ice cubes in it.</p> <p>On 10/4/24 at 8:45 A.M., the surveyor and the Food Service Director observed the following:</p> <p>-3 [NAME] ice machine (large) with a section of black specks on the inside and additional brown and black specks where the ice comes out. The machine was full of ice.</p> <p>-4 [NAME] ice machine (large) with multiple black areas along the inside wall. The machine was full of ice.</p> <p>-5 East ice machine (small) with a black and brown slimy substance inside. The machine was full of ice.</p> <p>-5 [NAME] ice machine (small) with a brown substance inside. The machine was full of ice.</p> <p>During an interview on 10/4/24 at 8:50 A.M., the Food Service Director said he thought the ice machines had been recently cleaned and he was not sure why there was black substance inside. He said the small ice machine on 5 [NAME] was not working and should not have been running the day prior. He said the dietary staff added ice to the 5 [NAME] ice machine this morning.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Hancock Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 164 Parkingway Quincy, MA 02169	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/4/24 at 9:20 A.M., the Director of Maintenance said he uses a cleaner provided by the vendor for the ice machines and cleans the machines every two weeks by emptying them and wiping down the inside. He said the vendor for the ice machines comes to the facility to clean, fix machines and change filters. He said the machines are cleaned by the vendor every three months.</p> <p>Review of the invoices for the ice machine vendor indicated the vendor provided repairs to a machine in May 2024 and August 2024. Review of the invoices indicated the last preventative maintenance for the ice machines was completed in March 2024 (seven months prior).</p> <p>During an interview on 10/4/24 at 2:00 P.M., the Maintenance Director said the last preventative maintenance on the ice machines was in March 2024. He said it was supposed to be done every quarter and he was not sure why the cleaning was missed in July 2024.</p>

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>41106</p> <p>Based on record review, hospice contract review, and staff interview, the facility failed to ensure for one Resident (#23), out of a total sample of 24 residents, hospice services were provided in accordance with the agreement between the hospice and the facility. Specifically, the facility failed to ensure collaboration between the facility, Hospice, and the family, regarding the Hospice Aide schedule and the decrease in services for the weekly Hospice Aide to ensure the continuity of care for the Resident.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Care and Treatment, End of Life, Hospice Program, dated September 2022, indicated but was not limited to the following:</p> <p>-In general, it is the responsibility of the Hospice to manage the resident's care as it relates to the terminal illness and related conditions, including:</p> <p>a. Determining the appropriate Hospice plan of care;</p> <p>b. Changing the level of services provided when it is deemed appropriate.</p> <p>-Our facility has designated social service department to coordinate care provided to the resident by our facility staff and the Hospice staff. (Note: this individual is a member of the interdisciplinary team (IDT) with clinical and assessment skills who is operating within the scope of practice act). He or she is responsible for the following:</p> <p>a. Collaborating with Hospice representatives and coordinating facility staff participation in the Hospice care planning process for residents receiving these services;</p> <p>b. Communicating with Hospice representative and other health care providers participating in the provision of care for the terminal illness, related conditions, in other conditions, to ensure quality of care for the resident and family;</p> <p>c. Obtaining the following information from Hospice:</p> <p>a. The most recent Hospice plan of care specific to each resident;</p> <p>-Coordinated care plans for residents receiving Hospice services will include the most recent Hospice plan of care as well as the care and services provided by our facility in order to maintain the resident's highest practical physical, mental, and psychological well-being.</p> <p>-The coordinated care plan shall be revised and updated as necessary to reflect the resident's current status.</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Hospice Care Services Agreement between the facility and the contracted Hospice Provider, dated 5/23/19, indicated but was not limited to the following:</p> <p>Plan of care:</p> <ul style="list-style-type: none"> -Hospice shall designate a registered nurse to coordinate the implementation of the plan of care. -Hospice shall communicate with facility to ensure coordination of patient care services. <p>Resident #23 was admitted to the facility in October 2023 with diagnoses which included cerebrovascular disease (stroke) with right hemiplegia (weakness or paralysis) and dementia.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 7/24/24, indicated Resident #23 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 0 out of 15.</p> <p>During a telephonic interview on 10/02/24 at 4:53 P.M., Family Member (FM) #1 said he/she did question if Hospice services were worth having because there is no communication, and they never returned his/her phone calls until he/she was questioning stopping the Hospice services. FM #1 said after talking to a Hospice representative he/she decided to continue with Hospice because it was explained as an extra layer of care. FM #1 said he/she was not aware the weekly Hospice Aide visits were decreased from 3-4 per week down to 1-3 times a week.</p> <p>Review of Resident #23's care plan indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Resident #23's healthcare proxy/family member elected Hospice services. -Care for Resident #23 will be provided through both interdisciplinary team in collaboration with Hospice team through the contracted vendor throughout the review. -Care will be collaborated with the team from the contracted vendor. -Social services will work with Hospice social worker in an effort to provide support to Resident #23 and his/her family. <p>On 10/1/24, review of Resident #23's Hospice Binder indicated the most recent Hospice Plan of Care with certification period of 7/18/24 to 9/15/24, which indicated but was not limited to the following:</p> <ul style="list-style-type: none"> -Discipline orders: Aide; 3-4 times a week for 9 weeks; beginning during week of 7/18/24- Ending on 9/14/24. <p>There was no Hospice Care plan or progress notes after 9/16/24 in the Hospice binder.</p> <p>On 10/2/24, the surveyor reviewed an updated Hospice Plan of Care with a certification period of 9/16/24 to 11/14/24, which indicated but was not limited to the following:</p> <p>(continued on next page)</p>

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Discipline orders: Aide; 1-3 times a week for 9 weeks; beginning during week of 9/16/24- Ending on 11/14/2024.</p> <p>The new Care plan reflected a decrease in Hospice Aide services.</p> <p>Review of a Social Service's note, dated 9/12/24, FM #1 inquired on the process of disenrolling from Hospice as the family does not feel the patient is benefiting from the program. Notified the contracted Hospice representative of the same who will reach out to the family to discuss concerns and discuss disenrollment process; team made aware of potential change in status.</p> <p>Review of a Social Service's note, dated 9/13/24, indicated FM #1 had a discussion with the Hospice team and decided to keep Resident #23 on Hospice services. Social Worker (SW) #1 met with Hospice Nurse and Chaplain today in regard to the same. Plan to continue with Hospice services at request of FM #1.</p> <p>Further review of the medical record and social service notes did not indicate any collaborative documentation reflecting the facility or family were aware of the decreased weekly Hospice Aide serves effective 9/16/24.</p> <p>During an interview on 10/02/24 at 1:54 P.M., the Director of Nurses (DON) said the facility Hospice coordinator was SW #1.</p> <p>During an interview on 10/02/24 at 3:07 P.M., SW #1 said she was not aware or involved in the discussion to decrease the weekly Hospice Aide services. SW #1 said FM #1 was thinking of disenrolling in Hospice services and FM #1 spoke directly to Hospice about disenrolling. SW #1 said maybe that was when they decreased the weekly Aide services.</p> <p>During an interview on 10/02/24 at 4:45 P.M., the DON said she was not aware Resident #23's weekly Hospice Aide was decreased from 3-4 times per week to 1-3 times a week.</p> <p>During an interview on 10/02/24 at 2:06 P.M., Nurse #2 said she does not know when the Hospice Nurse or Aide are coming, she usually just sees them, and they sign out with her.</p> <p>During an interview on 10/02/24 at 2:50 P.M., Hospice Staff #2 said she usually works with Resident #23. She gets her assignment the night before and her assignment depends on the Hospice Staff availability. She said the facility does not know when she is coming, but she does sign the sign-in sheet in the hospice book and sign out with the nurse.</p> <p>Review of the Skilled Nursing Facility Hospice Visit Log sign-in sheet indicated the following frequency visits from 8/11/24 through 9/16/24 which were Care planned for three to four times per week:</p> <p>Week 8/11/24 through 8/17/24 indicated Aide visited two times.</p> <p>Week 8/18/24 through 8/24/24 indicated Aide visited two times.</p> <p>Week 8/25/24 through 8/31/24 indicated Aide visited three times.</p> <p>Week 9/1/24 through 9/7/24 indicated Aide visited two times.</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Week 9/8/24 through 9/14/24 indicated Aide visited one time.</p> <p>During a telephonic interview on 10/04/24 at 11:54 A.M. and 12:59 P.M., Hospice Staff #1 said the Hospice team collaborates with the facility with the sign-in process, communication notes in the hospice binder, and the weekly progress notes that are in the binder. The surveyor reviewed with Hospice Staff #1 there were no weekly notes, no current care plan indicating the aides' visits were reduced to 1-2 times a week and no documentation in the electronic medical record. In addition, the surveyor informed her that FM #1, the DON, and the SS #1 were not aware the aides' visits had been decreased on 9/16/24. Hospice Staff #1 said there should be collaboration and it should be documented.</p>