STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225750	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Masconomet Healthcare Center	123 High Street Topsfield, MA 01983

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47646 Based on interview, record and policy review, the facility failed follow professional standards for weight management for one Resident (#101) out of a total sample of 5 residents. Specifically, the facility failed to conduct reweights for weights outside of acceptable parameters per facility policy. Findings include: Review of the facility policy titled Weighing and Measuring, revised 10/2019 indicated: Residents are weighed: On admission or readmission (Do NOT use prior hospital weight) Weekly for the first 4 weeks after admission Monthly thereafter Per physician's order K. Check current weight against prior recorded weight L. Notify the licensed nurse if weight is three or more pounds different (gain or loss) from prior weight M. Re-weigh the resident within 24 hours to verify accuracy of the weight N. Record the re-weight in the Vital Signs section of the electronic medical record Resident #101 was admitted to the facility in January of 2024 with diagnoses including Type 2 diabetes mellitus (non insulin-dependent diabetes), sepsis (the presence of bacteria in the blood often associated with severe disease) and dysphagia (difficulty swallowing). (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225750	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Masconomet Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 123 High Street Topsfield, MA 01983	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #101 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) of 15 out of 15. Further review of Section GG of MDS indicated Resident #101 required assistance with set up and clean up of meals and of Section K indicated that he/she had weights loss of 5% or more in the last month or 10% or more in the last 6 months, not on a physician-prescribed weight-loss regimen. On 4/10/24 at 1:50 P.M., Resident #101 was observed laying in his bed. He/she said that the staff weigh him/her and say that he/she is losing weight. The Resident said that his/her appetite was not what it used to be and they offer what he/she likes. Review of the medical record indicated the following: Vitals Report (1/19/24 - 4/11/24) Resident weights: 1/20/24: 245.4 lbs (pounds) 1/27/24: 240.4 lbs 2/10/24: 227.6 lbs 2/20/24: 246 lbs 3/6/24: 231.6 lbs 3/12/24: 229.4 lbs 3/19/24: 224.4 lbs 3/26/24: 225 lbs 4/2/24: 220.6 lbs 4/5/24: 218.2 lbs 7/24: 218.2 lbs 4/9/24: 216.6 lbs Review of the medical record failed to indicate that a reweight was obtained for Resident #101 when a weight difference of three or pounds was noted on the following dates: 1/27/24, 2/10/24, 2/20/24, 3/6/24, 3/19/24 and 4/2/24. Review of the Nutrition Progress Note dated 3/27/24 at 12:22 P.M., indicated the Resident #101's weights: 3/26/24 225 lbs, 3/6/24 231.6 lbs, 2/20/24 246 lbs, 1/20/24 245.4 lbs. Possibly 1/20 and 2/20 weights were an error? Resident consumes 75%+ of most meals. He/she enjoys meals with a good appetite. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/11/24 at 11:24 A.M., the Registered Dietician said that the policy of the facility was that if a resident's weight changes by 3 pounds from the previous weight, a re-weight needs to be done and documented. She said she expects the weight change to be reported to her so she can determine interventions based on the clinical needs and the resident's wishes. She said there is a weekly At Risk meeting that she attends, but if weights are not in the record, she cannot make recommendations. She said Resident #101 is eating, asking for snacks, refuses Glucerna and large portions, says he/she doesn't want more food. He/She has clinical issues and is hypermetabolic so even though he/she eats a lot, he/she is burning a lot. During and interview on 4/11/24 at 12:15 P.M. with the Director of Nursing (DON) and Quality Assurance (QA) Nurse, the DON said she expects the nurses to follow the Weight Policy. Weights should be done on admission, then weekly for 4 weeks, if there is a weight loss/gain 3 pounds or more, a reweight should be done and recorded. If weight is validated, nursing should talk with the resident, notify the physician and dietitian. She said the facility has weekly weight and wound (At Risk) meetings, and risk notes should be put into medical record so they can always refer back to chart with any changes. She said that the risk notes did not make it into Resident #101's medical record.