

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  03/20/2025
NAME OF PROVIDER OR SUPPLIER  Masconomet Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43807</p> <p>Based on record review and interviews, the facility failed to provide quarterly financial statements for one Resident (#89) with a Personal Needs Account (PNA) out of a sample of 26 residents. Specifically, the facility failed to provide quarterly financial statements to his/her Conservator.</p> <p>Findings include:</p> <p>Resident #89 was admitted to the facility in April, 2023 with diagnoses including dementia.</p> <p>A review of the Minimum Data Set (MDS) dated [DATE] indicated a Brief Interview for Mental Status (BIMS) Score of 12 out of a possible 15 indicating moderate impairment.</p> <p>Review of the medical record indicated that Resident #89 has a decree of Conservatorship dated 12/21/23. (A Conservator is a court-appointed individual responsible for managing the financial affairs and property of a protected person who is deemed unable to do so themselves).</p> <p>During an interview on 3/19/25 at 10:03 A.M., the Business Office Manager (BOM) said Resident #89 has a PNA account. She said the facility has been the representative payee ( a representative payee is a person or organization authorized by the Social Security Administration (SSA) to manage and cash certain benefit checks) since 5/24/23. The BOM said she has been mailing the Resident's financial quarterly statements to his/her family member. The BOM said the Resident's family member is not legally responsible for the Resident's finances so she should not be receiving the quarterly statements. The BOM said the Resident has had a Conservatorship in place since 12/21/23. The BOM said she should be mailing the Resident's financial quarterly statements to the Conservator because she is legally responsible for the Resident's finances.</p> <p>During a telephone interview on 3/20/25 at 8:20 A.M., the Conservator said she has never received quarterly statements from the facility since she was appointed on 12/21/23. She said she expects the facility to mail the Resident's financial quarterly statements to her since she is legally responsible for his/her finances.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50338</p> <p>Based on observations, record review and interview the facility failed to develop and implement a comprehensive resident-centered care plan for one Resident (#92) out of a total sample of 26 residents.</p> <p>Specifically, for Resident #92, the facility failed to develop a care plan for use of a psychotropic medication (used to treat or manage a psychiatric symptoms or challenging behavior).</p> <p>Findings include:</p> <p>Resident #92 was admitted to the facility in March 2023 with diagnoses including anxiety and dementia.</p> <p>Review of the physician orders dated March 2025 indicated the following orders:</p> <p>-Valproic acid (mood stabilizer) solution; 250 mg (milligrams)/5 mL (milliliters); amount 2.5 ml; oral twice a day for anxiety.</p> <p>Review of the current care plan for Resident #92 failed to indicate a focus, goals and interventions for the use of the mood stabilizer medication Valproic Acid.</p> <p>During an interview on 3/19/25 at 12:14 P.M., with Nurse #1 she said she did not know how to monitor a resident for adverse effects of a psychotropic medication.</p> <p>During an interview on 3/19/25 at 12:19 P.M., Nurse #2 she said she could look up any side effects of psychotropic medications and that it seems like there should be a care plan to address psychotropic medication use. Nurse #2 said she would think that there should be a care plan to address psychotropic medication use.</p> <p>During an interview 3/20/25 at 8:08 A.M., Unit Manager #2 said that psychotropic medication use is usually addressed in a behavior care plan, but the care plan does not address adverse effects of psychotropic medications.</p> <p>During an interview on 3/20/25 at 9:15 A.M., the Director of Nursing said if a resident is on a psychotropic medication they should have a care plan in place.</p> <p>46339</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41019</p> <p>Based on record review and interview, the facility failed to follow professional standards of practice for 3 Residents (#97, #421, and #424) out of a total sample of 26 residents. Specifically;</p> <ol style="list-style-type: none"> <li>1. For Resident #97, the facility failed to follow a physician's order for a weekly skin check.</li> <li>2. For Resident #421, the facility failed to follow physician's order for air mattress setting.</li> <li>3. For Resident #424, the facility failed to follow physician's order for air mattress setting.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility policy titled Prevention of Pressure Ulcers, dated April 2020, indicated the following:  - Assess the resident on admission (within eight hours) for existing pressure injury risk factors. Repeat the risk assessment weekly and upon any changes in condition.</li> </ol> <p>Resident #97 was admitted in September 2023 with diagnoses including osteoarthritis and failure to thrive. Review of the Minimum Data Set (MDS), dated [DATE], indicated Resident #97 scored a 14 out of a possible 15 on the Brief Interview for Mental Status exam, indicating intact cognition.</p> <p>Review of the Norton Plus Pressure Ulcer Scale (a tool used to asses risk of developing a pressure ulcer), dated 7/10/24, indicated Resident #97 was at high risk for developing a pressure ulcer.</p> <p>Review of the weekly skin check observations for July 2024 indicated that skin checks were completed on 7/9/24 and then again on 7/23/24.</p> <p>The medical record failed to indicate that a skin check was done on the week of 7/16/24.</p> <p>Review of the skin check, dated 7/23/24, indicated Resident #97 had a left heel pressure wound.</p> <p>Review of the nursing progress notes, dated 7/23/24, indicated Area to left heel measuring 3.2cm (centimeters) x 3cm. New treatment order in place. Resident encourage [sic] to elevate leg and use heel booties while in bed.</p> <p>During an interview on 03/19/25 at 12:09 A.M., Unit Manager #2 said that if there is an order for skin checks to be completed weekly, then skin checks should be completed. Unit Manager #2 confirmed that there was a missing skin check for the week of 7/16/24, but said that there might be information regarding the skin check in the nursing progress notes.</p> <p>Review of the nursing progress notes failed to indicate any documentation related to a skin check.</p> <p>52138</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>50338</p> <p>Based on observation, interviews, and record review the facility failed to maintain respiratory equipment according to professional standards of practice for one Resident (#83), out of a total sample of 26 residents. Specifically, For Resident #83, the facility failed to ensure the oxygen concentrator and filter were clean.</p> <p>Findings include:</p> <p>Review of the facility's policy, titled 'Oxygen Concentrator', dated 12/3/24, indicated the purpose is to establish responsibilities for the care and use of oxygen concentrators.</p> <p>-The main body cabinet should be dusted when needed and can be wiped clean with damp cloth and mild household cleaner if necessary.</p> <p>On 3/18/25 9:15 A.M., the surveyor observed the oxygen filter on the oxygen concentration had a layer of gray dust and the main body cabinet had a layer of powder and gray dust.</p> <p>Review of Resident #83's physician order, dated 2/19/24, indicated oxygen- change tubing, rinse filter, wipe down concentrator weekly. Label/date/bag tubing with each change. Once a day on Tuesday nights</p> <p>Review of Resident #83's Treatment Administration Record (TAR), dated 3/18/25, indicated 'oxygen-change tubing, rinse filter, wipe down concentrator weekly' was initialed as completed.</p> <p>On 3/19/25 at 12:25 P.M., the surveyor and Unit Manager #1 observed Resident #83's oxygen concentrator and filter. The oxygen filter was observed to have a thick layer of gray dust, and the main body cabinet had a layer of powder and dust. Unit Manager #1 said the concentrator and filter were dirty and needed to be cleaned. Unit Manager #1 said the oxygen concentrator is scheduled to be cleaned weekly with oxygen tubing change.</p> <p>On 3/20/25 at 9:17 A.M., the Director of Nursing said the oxygen concentrator and filter should be cleaned weekly.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>46339</p> <p>Based on record review and interviews, the facility failed to implement a pharmacy recommendation for one Resident (#85) out of a total sample of 26 residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled 'Medication Regimen Review' dated April 2024, indicated the following but not limited to:</p> <p>-Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities.</p> <p>Resident #85 was admitted to the facility in February 2024 with diagnoses including anxiety disorder.</p> <p>Review of Resident #85's most recent Minimum Data Set (MDS) assessment, dated 1/30/25, indicated the Resident score a 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was cognitively intact.</p> <p>Review of the consultant pharmacist recommendation to prescriber report dated 2/16/25 indicated the following:</p> <p>-Resident is receiving the following PRN (as needed) psychotropic medication. These medications are required to be re-evaluated after 14 days. If therapy is to be continued beyond 14 days, please note medical justification for continued use in progress note and specify the number of days the PRN order is to continue. Trazadone and Clonazepam.</p> <p>Review of the physician response to the pharmacy recommendation dated 2/18/25 indicated the following:</p> <p>-I agree - please see new order- please add 14-day re-eval for clonazepam.</p> <p>Review of the medical record failed to indicate a 14-day re-evaluation for clonazepam was added to the physician order.</p> <p>During an interview on 3/19/25 at 1:47 P.M., Unit Manager #1 said the pharmacy recommendations should be implemented as soon as the physician addresses them.</p> <p>During an interview on 3/20/25 at 9:15 A.M., the Director of Nursing said pharmacy recommendations should be addressed and implemented within 24-48 hours.</p>		