STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225752	A. Building B. Wing	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Hill Nursing Center	655 Dedham St Wrentham, MA 02093

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. 48695 Based on observations, interviews, and records reviewed, for one Resident (#1), out of 12 sampled residents, the facility failed to notify Resident #1's Responsible Party of a potential need to alter treatment. Specifically, the facility failed to notify Resident #1's Guardian about the start of a new medication and failed to obtain a Guardian Consent. Findings include: Review of the facility's policy titled Psychotropic Medication Use Consent for Psychotropic Medication, last revised 1/1/21, indicated but was not limited to: -Policy -Consent for Psychotropic Medication must be obtained by Healthcare Proxy/Guardian -Procedure -Psychotropic medications include drugs from the following classes: hypnotics, antipyretics, long and short-acting Benzedrine, sedatives/anxiolytics and antidepressants. Resident #1 was admitted to the facility in November 2016 with diagnoses including dementia and unspecified severe protein calorie malnutrition. Review of the Minimum Data Set (MDS) assessment, dated 3/30/24, indicated Resident #1 had a severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 99. Further review of the MDS indicated Resident #11 had received antidepressant medications. Resident #1 had a Guardian. Review of Resident #1's February, March, April, and May 2024 Physician's Orders indicated but were not limited to: -Mirtazapine (antidepressant) 7.5 milligrams (mg) at bedtime (2/28/24-3/7/24) -Mirtazapine 7.5 mg in the morning (3/7/24) (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: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER: Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 655 Dedham St Wrentham, MA 02093	

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's February, March, April and May 2024 Medication Administration Record (MAR) indicated he/she received Mirtazapine as ordered. Review of Resident #1's medical record, including his/her progress notes, failed to indicate consent was obtained prior to initiating Mirtazapine. During a telephonic interview on 5/8/24 at 4:34 P.M., Guardian #1 said she was not aware of Resident #1 being started on Mirtazapine. Guardian #1 said the facility's communication has/had not been consistent. During an interview on 5/13/24 at 2:28 P.M., Nurse #1 said the nurses obtain verbal consent for antidepressant medications and the social worker will then fax or email the consent to the guardian. During an interview on 5/13/24 at 2:42 P.M., Nurse #2 and the surveyor reviewed Resident #1's medical record. Nurse #2 said Resident #1 did not have consent for Mirtazapine but should have had one prior to starting Mirtazapine. Nurse #2 said the Psychiatric Nurse Practitioner (NP) would make a recommendation, then the Doctor will write the order and the nurses will call for consent and write a note about the obtained consent. During a telephonic interview on 5/13/24 at 4:40 P.M., the Psychiatric NP said when she made a medication recommendation, she would call the Health Care Proxy or Guardian with an update but would not obtain consent. The Psychiatric NP said, I am a consultant; it is the responsibility of the facility to call for consent. During a telephonic interview on 5/14/24 at 11:04 A.M., Physician #1 said the nurse would usually call to obtain consent for antidepressant medications, if the family or guardian did not give consent then he would call to see if he could obtain consent. During an interview on 5/14/24 at 2:54 P.M., the Director of Nursing (DON) said the expectation was for consent to be obtained prior to starting antidepressant medication. At the time of exit, no further information had been provided to the survey team.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER: Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 655 Dedham St Wrentham, MA 02093	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 48695 Based on observations, interviews, policy review, and records reviewed, for three Residents (#11, #23, and #139), out of 12 sampled residents, the facility failed to develop and implement comprehensive care plans to reflect the individual needs of the residents. Specifically, the facility failed: 1. For Resident #11, to develop a care plan for the use of psychotropic medication including antipsychotic and antidepressant medications; and 2. For Resident #23, to develop a care plan for the use of psychotropic medication including antipsychotic, antianxiety, and antidepressant medications; and 3. For Resident #139, to develop a care plan for the use of psychotropic medication including antipsychotic and antidepressant medications. Findings include: Review of the facility's policy titled Comprehensive Careplan [sic], last revised 1/1/20, indicated but was not limited to: - Policy Statement- a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological, and financial needs is developed and implemented for each resident. - Policy Interpretation and implementation 1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 8. The comprehensive, person-centered care plan will: l. Include measurable objectives and timeframes; p. Include the resident's stated goals upon admission and desired outcomes; r. Incorporate identified problem areas; s. Incorporate risk factors associated with identified problems; v. Reflect treatment goals, timetables, and objectives in measurable outcomes; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	9. Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan. 12. The comprehensive, person-centered care plan is developed within 14 days after admission. 13. Assessments of the residents are on going and care plans are revised as information about the residents and the residents' conditions changes. 14. The Interdisciplinary Team must review and update the care plan: d. At least quarterly, in conjunction with required quarterly MDS assessment. 1. Resident #11 was admitted to the facility in July 2015 with diagnoses including bipolar disorder, anxiety, and dementia. Review of the Minimum Data Set (MDS) assessment, dated 3/8/24, indicated that Resident #11 had severe cognitive impairment. Further review of the MDS indicated Resident #11 had received antipsychotic and antidepressant medications. Review of Resident #11's current Physician's Orders indicated but was not limited to: -Celexa (antidepressant) 20 milligrams (mg) one time daily (3/27/24) -Trazodone (antidepressant) 50 mg twice daily as needed (4/30/24) -Trazodone 50 mg at bedtime (6/7/23) -Olanzapine (antipsychotic) 2.5 mg at bedtime, dated 12/6/23 Review of Resident #11's April and May 2024 Medication Administration Records (MAR) indicated he/she received Celexa, Trazodone, and Olanzapine as ordered. During an interview on 5/14/24 at 10:38 A.M., Nurse #2 said Resident #11 did not have a care plan for psychotropic medications but should have had one. 2. Resident #23 was admitted to the facility in September 2023 with diagnoses including major depressive disorder, anxiety, and frontotemporal neurocognitive disorder. Review of the MDS assessment, dated 3/31/24, indicated that Resident #23 had severe cognitive impairment. Further review of the MDS indicated Resident #23 had received antipsychotic, antianxiety, and antidepressant medications. Review of Resident #23's current Physician's Orders indicated but was not limited to: -Clonazepam (antianxiety) 0.5 mg three times daily for anxiety (11/22/23) -Duloxetine(antidepressant) 60 mg two times a day (1/6/23) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Hill Nursing Center	655 Dedham St Wrentham, MA 02093

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Trazodone 50 mg every 8 hours as needed (4/29/24) -Olanzapine 10 mg in the evening, dated (1/18/23) Review of Resident #23's May 2024 MAR indicated he/she received Clonazepam, Duloxetine, Trazodone, and Olanzapine as ordered. During an interview on 5/14/24 at 10:38 A.M., Nurse #2 said Resident #23 did not have a care plan for psychotropic medications but should have had one. 46562 3. Resident #139 was admitted to the facility in April 2024 with the following diagnoses: dementia, psychotic disturbance, mood disturbance, and anxiety. Review of the Minimum Data Set (MDS) assessment, dated 4/24/24, indicated that Resident #139 had short and long-term memory problems as evidenced by staff interview. Further review of the MDS indicated Resident #139 had received antipsychotic and antidepressant medications. Review of Resident #139's current Physician's Orders indicated but was not limited to: -Olanzapine 7.5 mg at bedtime, dated 4/17/24 -Olanzapine 2.5 mg twice daily, dated 4/17/24 -Olanzapine 2.5 mg every 24 hours as needed, dated 4/17/24 -Escitalopram (antidepressant) 20 mg daily, dated 4/17/24 Review of Resident #139's April and May 2024 MAR indicated he/she received Olanzapine and Escitalopram as ordered. During an interview on 5/14/24 at 10:37 A.M., the surveyor and Nurse #3 reviewed Resident #139's medical record and Nurse #3 said there was no care plan for the use of psychotropic medication but there should have been. During an interview on 5/14/24 at 2:54 P.M., the Director of Nurses (DON) said the expectation was for a care plan for the use of psychotropic medication to be developed with the comprehensive assessment and/or upon the initiation of a new psychotropic medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. 46562 Based on observations, interviews, and records reviewed, for three Residents (#24, #1, and #23), of 12 sampled residents, the facility failed to maintain professional standards of practice. Specifically, the facility failed to: 1. For Resident #24, ensure weekly skin risk assessments were conducted per facility policy and physician's orders; 2. For Resident #26, implement Wound Consultant recommendations; and 3. For Resident #23, to initiate an order for Remeron (antidepressant). Findings include: 1. Review of the facility's policy titled Prevention of Pressure Ulcers/ Injuries and Skin Check / Integrity, dated as revised 9/17/20, indicated but was not limited to: -The purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions for specific risk factors. -Assess the resident on admission (within eight hours) for existing pressure ulcer/injury risk factors. Repeat the risk assessment weekly and upon and changes in condition. Review of the facility's policy titled Pressure Ulcers/Injury Risk Assessment, dated as revised 9/17/20, indicated but is not limited to: -Conduct a comprehensive skin assessment with every risk assessment Resident #24 was admitted to the facility in April 2024 with the following diagnoses: left tibia (shinbone) fracture and hypertension (high blood pressure). Review of the Minimum Data Set (MDS) assessment, dated 4/19/24, indicated Resident #24 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 12 out of 15, and was at risk for development of a pressure ulcer. Review of Resident #24's current Physician's Orders indicated but was not limited to: -Weekly Skin Check, dated 4/11/24 Review of Resident #24's weekly skin check assessments indicated a documented skin check was completed on: -4/12/24 -5/3/24 (21 days after the previous assessment) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-5/13/24 (10 days after the previous assessment) During an interview on 5/13/24 at 2:55 P.M., Nurse #2 said the expectation was for skin checks to be completed weekly. During an interview on 5/13/24 at 2:43 P.M., Nurse #1 said skin assessments should be done weekly. The Surveyor and Nurse #1 reviewed Resident #24's medical record and Nurse #1 said Resident #4 was missing two of his/her weekly assessments that took place when the Nurse was on vacation. During an interview on 5/14/24 at 2:54 P.M., the Director of Nurses (DON) said the expectation was for skin assessments to be conducted weekly per orders and facility policy. 2. Resident #26 was admitted to the facility in December 2022 with the following diagnoses: pressure ulcer of sacral (tailbone) region and hypertension. Review of the MDS assessment, dated 3/23/24, indicated Resident #26 was moderately cognitively impaired as evidenced by a BIMS score of 10 out of 15, and had an unhealed pressure ulcer. Review of Resident #26's Physician's Orders indicated but was not limited to: -Sacrum wound; Seacleanse (a saline-based solution for cleansing and irrigating wounds) area, pat dry, followed by calcium alginate (highly absorbent material used in wounds with drainage) and cover with dry protective dressing (DPD). Apply antifungal powder or cream to surrounding areas every day shift, dated 12/16/23 and discontinued on 5/13/24. Review of Resident #26's March, April, and May 2024 Treatment Administration Records (TAR) indicated the facility provided the sacral wound treatment daily as ordered from 3/1/24 through 5/13/24. Review of the Wound Consultant's Wound Evaluation and Management Summary, dated 3/15/24, indicated a dressing treatment plan which included: -Stage 4 Pressure Wound, Sacrum, Full Thickness: Primary dressing: Hypochlorous acid solution (vashe, a molecule that the human body produces to fight bacteria and infection) apply once daily, collagen powder (used in wound treatment to help reduce the risk of infection) apply once daily, alginate calcium with silver (designed to absorb bacteria and fluid from wound, can inhibit the growth of bacteria in a wound) apply once daily -Secondary dressing: gauze island with border (a DPD) apply once daily Further review of the Wound Consultant's Wound Evaluation and Management Summary, dated 3/15/24, indicated the patient's plan of care was discussed with the patient and a nursing staff member. Review of the Wound Consultant's Wound Supplies Prescription, dated 3/15/24, indicated new orders for Resident #26 included: -Hypochlorous Acid Solution (vashe) apply once daily to pressure wound of the sacrum -Collagen Powder apply once daily to pressure wound of the sacrum (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER: Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 655 Dedham St Wrentham, MA 02093	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Alginate Calcium with Silver apply once daily to pressure wound of the sacrum Review of the Wound Consultant's Wound Evaluation and Management Summaries, dated 3/22/24, 3/29/24, 4/5/24, 4/12/24, 5/3/24, and 5/10/24, indicated there were no recommended changes in the dressing treatment plan and the intended plan of care for Resident #26's sacral wound was the same as the plan/recommendations made on 3/15/24. Review of Resident #26's March, April, and May 2024 Treatment Administration Record (TAR) indicated the treatment provided to the sacral wound from 3/1/24 through 5/13/24 did not include the recommended hypochlorous Acid Solution, collagen powder or alginate calcium with silver. During an interview on 5/13/24 at 2:43 P.M., Nurse #1 said the Wound Consultant came to the facility weekly on Fridays and conducted wound rounds with a facility nurse. Nurse #1 said when the Wound Consultant had a recommendation in the plan of care it was communicated with the nurse and could also be found on the Wound Evaluation and Management Summary report. Nurse #1 said the facility nurse then takes the recommendations and implements the new orders. During an interview on 5/13/24 at 2:45 P.M., Nurse #1 said Resident #26 had a chronic wound and the facility completed daily dressing changes. Nurse #1 reviewed the physician's orders and said the current order for Resident #1's sacral wound consisted of washing the wound with Seacleanse patting it dry, applying calcium alginate and then covering it with a DPD. The surveyor and Nurse #1 reviewed the wound evaluation and management summaries from 3/15/24 which included a different treatment plan, and Nurse #1 said she would need to call the Wound Consultant to clarify the recommendations and wound treatment plan. Review of Resident #26's progress note, dated 5/13/24 and timed 3:28 P.M., indicated a wound clarification order. The progress note indicated the sacral wound treatment plan had changed to vashe wash, collagen powder, calcium alginate and border gauze orders were implemented. On 5/13/24 at 3:20 P.M., the surveyor left a message with Physician #2 (the Wound Consultant physician) at the time of survey exit there was no return call. On 5/16/24 at 11:22 A.M., a second call was placed to Physician #2 at the time of survey exit there was no return call. On 5/14/24 at 9:50 A.M., the surveyor left a message for Nurse #7 who was not available during survey. During a telephonic interview on 5/20/24 at 12:16 P.M., Physician # 2 (wound consultant) said wound rounds are conducted weekly with a facility nurse. Physician #2 said that when he had recommendations to change the treatment orders, he verbalized them to the nurse completing the wound rounds and documented the recommendations on the Wound Consultant Wound Evaluation and Management Summary. Physician #2 said he does allow for flexibility in the orders while the facility obtains the recommended supplies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225752	A. Building B. Wing	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Hill Nursing Center	655 Dedham St Wrentham, MA 02093

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a telephonic interview on 5/20/24 at 12:25 P.M., Nurse #7 said he was generally the nurse who completed wound rounds with Physician #2. Nurse #7 said he completes electronic wound documentation at the time and Physician #2 completes his own documentation. Nurse #7 said Physician #2 verbally tells the facility staff and documents it on the Wound Consultant's Wound Evaluation and Management Summary. Nurse #7 said the 3/15/24 wound recommendation was not implemented on 3/15/24 because the facility was waiting for the supplies to arrive. Nurse #7 said he did not recall when the recommended supplies arrived but he should have obtained new orders at that time so the nurses could implement the recommended treatment plan. During an interview on 5/14/24 at 2:54 P.M., the DON said the Wound Consultant completed wound rounds with a facility nurse, usually Nurse #7, and when changes to the treatment plan were made, the Wound Consultant communicated them to the facility nurse verbally and through the wound summary report. The DON said when the nurse who is completing rounds with the Wound Consultant the expectation was for them to implement the recommendations and obtain the new orders. 48695 3. Resident #23 was admitted to the facility in September 2023 with diagnoses including major depressive disorder, anxiety, and frontotemporal neurocognitive disorder (damage to neurons in the frontal and temporal lobes of the brain). Review of the MDS assessment, dated 3/31/24, indicated that Resident #23 had severe cognitive impairment. Review of Resident #23's Psychiatric Nurse Practitioner's (NP) Assessment and Progress Note, dated 3/5/24, indicated Resident #23 may benefit from Remeron (antidepressant) 7.5 mg at bedtime. Further review of Resident #23's Psychiatric NP Assessment and Progress Note, dated 3/5/24, indicated the Physician #1 signed the recommendation and wrote ok. Review of Resident #23's current Physician's Orders failed to indicate an order for Remeron. During an interview on 5/14/24 at 10:38 A.M., Nurse #2 said the Psychiatric NP would come in and see the residents, and after seeing the residents the Psychiatric NP would fax over her Assessment and Progress Notes. Nurse #2 said the Assessment and Progress Note with recommendations would be put into the physician communication folder. Nurse #2 said if the physician agreed with the recommendations, he would sign the consent and write ok, then the nurse would write a telephone order for the medication. Nurse #2 and the surveyor reviewed Resident #23's medical record and Nurse #2 said Resident #23 did not have an order for Remeron but should have had one. During a telephonic interview on 5/14/23 at 11:04 A.M., Physician #1 said that if he wrote OK on a recommendation from the Psychiatric NP's recommendations meant, then he agreed with the recommendation and his expectation was for the nurse to write a telephone order for the medication. During an interview on 5/14/24 at 2:54 P.M., the DON said her expectation was if the doctor signed and wrote OK on a Psychiatric NP's recommendation, that the nurse who is on would put the order in as a telephone order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 34145 Based on review of the facility's licensed nurse staff schedules, employee punch cards, and interviews, the facility failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week. Specifically, the facility failed to provide at least eight consecutive hours of RN services in the facility over a 24-hour period for 13 days between 3/30/24 and 5/12/24, when no nurse staffing waivers were in place. Findings include: During an interview on 5/8/24 at 8:54 A.M., the Administrator said the facility had no Nurse staffing waivers. Review of the as worked Nursing Staff Schedule provided by the facility, dated 3/29/24 through 5/14/24, included no evidence an RN worked at least eight consecutive hours at the facility on: -3/30/24 -4/6/24 -4/13/24 -4/14/24 -4/20/24 -4/27/24 -4/28/24 -5/3/24 -5/4/24 -5/5/24 -5/10/24 -5/11/24 -5/12/24 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Hill Nursing Center	655 Dedham St Wrentham, MA 02093

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During interviews on 5/14/24 at 8:55 A.M., 2:20 P.M., and 2:34 P.M., the Director of Nursing (DON) and surveyor reviewed the as worked nursing schedules, and staff and agency nurse punch cards from 3/29/24 to 5/14/24. She said they haven't been able to get RNs to come in to cover. The DON said she did not have any more punch cards to provide to the surveyor to validate the required RN coverage was met.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER: Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 655 Dedham St Wrentham, MA 02093	

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. 48695 Based on interviews, record review, and policy review, the facility failed to ensure for one Resident (#1), out of a total sample of 12 residents, that the Resident's drug regimen was free from unnecessary drugs. Specifically, the facility failed to ensure an antibiotic was administered for the appropriate duration. Findings include: Resident #1 was admitted to the facility in November 2016 with diagnoses including dementia and pressure ulcer of sacral (a bone at the end of the spine) region. Review of the Minimum Data Set (MDS) assessment, dated 3/30/24, indicated Resident #1 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 99. Review of Resident #1's May Physician's Orders indicated but was not limited to: - Erythromycin (antibiotic) Ophthalmic (eye) Ointment 5 milligrams (mg)/gram (gm). Instill 1 ribbon in right eye two times daily for 7 days (4/26/24) Review of Resident #1's April and May 2024 Medication Administration Record (MAR) indicated Resident #1 received the Erythromycin Ophthalmic Ointment for a total of 11 days (4 additional days; 5/4/24, 5/5/24, 5/6/24, and 5/7/24). During an interview on 5/13/24 at 2:28 P.M., Nurse #1 and the surveyor reviewed Resident #1's medical record. Nurse #1 said Resident #1 should have completed the Erythromycin Ophthalmic Ointment on 5/4/24 but it was not discontinued until 5/7/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 46562 Based on records reviewed, policy review, and interviews, for two Residents (#139 and #11), of 12 sampled residents, the facility failed to ensure that each resident's drug regimen was free from unnecessary psychotropic medications. Specifically, the facility failed: 1. For Resident #139, -to ensure an Abnormal Involuntary Movement Scale (AIMS, a clinical outcome checklist completed by a healthcare provider to assess the presence and severity of adverse outcomes, such as abnormal movements of the face, limbs, and body in patients) assessment was completed, and -to ensure an as needed antipsychotic medication was limited to 14 days as required; and 2. For Resident #11, to ensure an AIMS assessment was completed. Findings include: Review of the National Library of Medicine (NLM) article titled Increasing Abnormal Involuntary Movement Scale (AIMS) Screening for Tardive Dyskinesia in an Outpatient Psychiatry Clinic: A Resident-Led Outpatient Lean Six Sigma Initiative, dated 5/15/23, indicated but was not limited to: - The AIMS is administered every three to six months to monitor the patient for the development of TD (tardive dyskinesia, a syndrome characterized by abnormal involuntary movements of the patient's face, mouth, trunk, or limbs). - Ideally, examinations that use instruments such as the AIMS should be done before the institution of neuroleptic drug therapy and then repeated on a regular basis. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10292174/) Review of the facility's policy titled Behavioral Assessment, Intervention and Monitoring, dated as revised 12/1/21, indicated but was not limited to: -If antipsychotic medications are used to treat behavioral symptoms, the Interdisciplinary Team (IDT) will monitor their indication and implement a gradual dose reduction, or document why this cannot or should not be done (for example, recurrence of psychotic symptoms after several previous attempts to taper medications). -The IDT will monitor for side effects and complications related to psychoactive medications; for example, lethargy, abnormal involuntary movements, anorexia, or recurrent falling. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the facility's policy titled Behavioral Assessment, Intervention and Monitoring, dated as revised 12/1/21, failed to indicate intervals at which a behavioral assessment or an AIMS should be conducted. 1. Resident #139 was admitted to the facility in April 2024 with the following diagnoses: dementia, psychotic disturbance, mood disturbance, and anxiety. Review of the Minimum Data Set (MDS) assessment, dated 4/24/24, indicated that Resident #139 had short and long-term memory problems as evidenced by staff interview. Further review of the MDS indicated Resident #139 had received antipsychotic medication on a routine and as needed basis. Review of Resident #139's current Physician's Orders indicated but was not limited to: -Olanzapine (antipsychotic) 7.5 milligrams (mg) at bedtime, dated 4/17/24 -Olanzapine 2.5 mg twice daily, dated 4/17/24 -Olanzapine 2.5 mg every 24 hours as needed, dated 4/17/24 (with no stop date) Review of Resident #139's April and May 2024 Medication Administration Records (MAR) indicated he/she received scheduled Olanzapine as ordered and had an active as needed Olanzapine order. Review of Resident #139's electronic and paper record failed to indicate he/she had been monitored for side effects and complications related to psychoactive medications. Further review failed to indicate an AIMS assessment had been conducted. During a telephonic interview on 5/14/24 at 11:04 A.M., Physician #1 said AIMS assessments were completed by the psychiatric providers. Physician #1 said as needed psychotropic medication orders should be limited to 14 days. During an interview on 5/14/24 at 10:55 A.M., Nurse Practitioner (NP) #1 said psychotropic medication orders should be limited to 14 days and then reviewed. NP #1 said she was not responsible for completing an AIMS assessment. During an interview on 5/14/24 at 10:35 A.M., Nurse #2 said AIMS assessments are completed by the Psychiatric Nurse Practitioner (NP) and were kept in the resident's record. Nurse #2 and the surveyor reviewed Resident #139's medical record and Nurse #2 said the Resident had not been seen by the Psych NP and an AIMS assessment had not been completed. Nurse #2 said as needed psychotropic medication should be limited to 14 days and then reviewed by a provider. During an interview on 5/14/24 at 10:37 A.M., Nurse #3 said Resident #139's as needed Olanzapine was not limited to 14 days and had not been reviewed. Nurse #3 said Resident #139 had a current order for as needed Olanzapine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/14/24 at 2:54 P.M., the Director of Nurses (DON) said as needed antipsychotic medication should be limited to 14 days and needs to be evaluated by the provider. The DON said an AIMS assessment should be completed for all residents on antipsychotic medication upon admission or when starting an antipsychotic and then at least quarterly. The DON said the Psychiatric NP was in the facility weekly on Thursdays to see residents, complete assessments and review medications. 48695 2. Resident #11 was admitted to the facility in July 2015 with diagnoses including bipolar disorder, anxiety, and dementia. Review of the MDS assessment, dated 3/8/24, indicated that Resident #11 had a severe cognitive impairment. Further review of the MDS indicated Resident #11 had received antipsychotic medications. Review of Resident #11's current Physician's Orders indicated but was not limited to: - Zyprexa (antipsychotic) 2.5 mg at bedtime, dated 12/6/23 Review of Resident #11's May 2024 MAR indicated he/she received Zyprexa as ordered. Review of Resident #11's Psychiatric Assessment and Progress Note, dated 10/18/24, indicated but was not limited to: -AIMS assessment was last completed 10/18/23. -AIMS done, due in 4-6 months. During an interview on 5/14/24 at 10:38 A.M., Nurse #2 said the Psychiatric Nurse Practitioner is responsible for AIMS assessments and said she did not complete them. During an interview on 5/14/24 at 2:54 P.M., the DON said the expectation was for AIMS assessments to be completed quarterly. The DON said Resident #11 should have had an AIMS assessment completed in January and April but he/she did not. At the time of exit, no further documentation had been provided to the survey team.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 34145 Based on observation and staff interviews, the facility failed to ensure for one Resident (#26), out of a total sample of 12 residents, that all medications/treatments were properly labeled, stored, and secured to ensure safe administration. Findings include: Review of the facility's policy Storage of Medications, last revised 9/17/20, included but was not limited to: -The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Resident #26 was admitted to the facility in December 2022 and had a sacral pressure wound. On 5/8/24 at 9:42 A.M., the surveyor observed a bottle of Daikin solution (a strong antiseptic solution that contains bleach used in wound care), with no prescription label affixed to it, on Resident #26's bedside table. On 5/13/24 at 8:13 A.M., the surveyor observed a bottle of Daikin solution with no prescription label affixed to it, on Resident #26's bedside table. On 5/13/24 at 9:40 A.M., the surveyor and Nurse #1 entered Resident #26's room. Nurse #1 said that she is pretty sure the wound physician left the bottle of Daikin solution on the bedside table when he was there on Friday, and no one put it away. She said it should have been labeled and securely stored and not left in the Resident's room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER: Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 655 Dedham St Wrentham, MA 02093	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 48695 Based on records reviewed, policy review, and interviews, for one Resident (#1), out of 12 sampled residents, the facility failed to maintain an accurate medical record in accordance with accepted professional standards and practices. Specifically, for Resident #1, the facility failed to ensure his/her skin checks were documented in the medical record as ordered by the physician. Findings include: Review of the facility's policy titled Prevention of Pressure Ulcers/Injuries & Skin Check/Integrity, last revised 3/17/20, indicated but was not limited to: -Purpose: The purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions for specific risk factors/ -Preparation: Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable. -Risk Assessment: 1. Assess the resident on admission (within eight hours) for existing pressure ulcer/injury risk factors. Repeat the risk assessment weekly and upon any changes in condition. Resident #1 was admitted to the facility in November 2016 with diagnoses including dementia and pressure ulcer of sacral (a bone at the end of spine) region. Review of the Minimum Data Set (MDS) assessment, dated 3/30/24, indicated Resident #1 had a severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 99. Review of Resident #1's current Physician's Orders indicated but was not limited to: -Weekly Skin Check, every day shift every Tue, Sat for skin check. Document condition of skin (4/2/24) Review of Resident #1's April and May 2024 Treatment Administration Records (TAR) indicated a nurse had signed off weekly skin checks as being completed on 4/6/24, 4/9/24, 4/13/24, 4/16/24, 4/20/24, 4/23/24, 4/27/24, 4/30/24, 5/4/24, 5/7/24, and 5/11/24. Further review of Resident #1's medical record failed to indicate a weekly skin check assessment form had been filled out on the following days: -4/9/24 -4/16/24 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-4/23/24 -5/4/24 -5/7/24 -5/11/24 During an interview on 5/13/24 at 2:42 P.M., Nurse #2 and the surveyor reviewed Resident #1's medical record. Nurse #2 said Resident #1 was missing some skin check forms. Nurse #1 said skin checks should have been completed per doctor's orders and completed the skin assessment form. During an interview on 5/14/24 at 2:54 P.M., the Director of Nursing (DON) said the expectation was for skin checks to be done per physician orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER: Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 655 Dedham St Wrentham, MA 02093	

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 - Some	Provide and implement an infection prevention and control program. 46562 Based on observation, interview, and policy review, for four Residents (#20, #26, #31, and #1), of 12 sampled residents, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to implement Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities): 1. For Resident #20, who has an indwelling suprapubic urinary catheter, putting him/her at increased risk for infection; 2. For Resident #26, who has a chronic wound and indwelling urinary catheter, putting him/her at increased risk for infection; 3. For Resident #31, who has a chronic wound, putting him/her at increased risk for infection; and 4. For Resident #1, who has a chronic wound, putting him/her at increased risk for infection. Findings include: Review of the Centers for Disease Control and Prevention (CDC) guidance titled Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities, dated 6/21, indicated: -EBP may be applied (when Contact Precautions do not otherwise apply) to residents with any of the following: wounds or indwelling medical devices -Examples of indwelling medical devices include urinary catheters -Examples of high contact resident care activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care. Review of the facility's policy titled Enhanced Barrier Precautions, dated 3/20/24, indicated but was not limited to: -EBP are indicated for residents with any of the following: infection or colonization with a CDC-targeted MDRO (Multi-Drug Resistant Organism) when Contact Precautions do not otherwise apply or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO -EBP should be used for any residents who meet the above criteria, wherever they reside in [facility name] (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER: Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 655 Dedham St Wrentham, MA 02093	

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 - Some	1. Resident #20 was admitted to the facility in December 2023 with the following diagnoses: dementia and cystostomy status (a surgical procedure that connects the bladder and the skin to drain urine through a tube). Review of the Minimum Data Set (MDS) assessment, dated 2/7/24, indicated Resident #20 had an indwelling catheter. On the following dates of survey, the surveyor did not observe an EBP sign on the Resident's bedroom door, or anywhere in the immediate vicinity of the Resident's room, and no personal protective equipment was available outside or inside the room for staff to use in the event the Resident should require assistance: -5/8/24 at 9:20 A.M. -5/13/24 at 10:19 A.M. -5/14/24 at 10:41 A.M. Review of Resident #20's Physician's Orders failed to indicate he/she was on EBP. 2. Resident #26 was admitted to the facility in August 2023 with the following diagnoses: hypertension (high blood pressure) and pressure ulcer of sacral (a bone at the end of the spine) region. Review of the MDS assessment, dated 3/23/24, indicated Resident #26 had an unhealed pressure ulcer. On the following dates of survey, the surveyor did not observe an EBP sign on the Resident's bedroom door, or anywhere in the immediate vicinity of the Resident's room, and no personal protective equipment was available outside or inside the room for staff to use in the event the Resident should require assistance: -5/8/24 at 9:42 A.M. -5/9/24 at 10:04 A.M. -5/13/24 at 10:21 A.M. -5/14/24 at 10:47 A.M. Review of Resident #26's Physician's Orders and care plans failed to indicate he/she was on EBP. 3. Resident #31 was admitted to the facility in January 2024 with the following diagnoses: dementia and pressure ulcer of sacral region. Review of the MDS assessment, dated 3/31/24, indicated Resident #31 had an unhealed pressure ulcer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 - Some	On the following dates of survey, the surveyor did not observe an EBP sign on the Resident's bedroom door, or anywhere in the immediate vicinity of the Resident's room, and no personal protective equipment was available outside or inside the room for staff to use in the event the Resident should require assistance: -5/8/24 at 9:45 A.M. -5/9/24 at 10:03 A.M. -5/13/24 at 10:28 A.M. Review of Resident #31's Physician's Orders and care plans failed to indicate he/she was on EBP. During an interview on 5/13/24 at 2:43 P.M., Nurse #1 said Resident #20 had an indwelling catheter, and Residents #26 and #31 had chronic wounds. During an interview on 5/13/24 at 3:09 P.M., Nurse #2 and Nurse #4 said the facility does not implement EBP and they had never heard of EBP. Nurse #4 said she does not utilize anything other than gloves when caring for residents with chronic wounds or indwelling devices. During an interview on 5/13/24 at 4:48 P.M., Certified Nursing Assistant (CNA) #1 said only one Resident in the building required precautions and it was related to Clostridium Difficile (C-diff, a spore forming toxin that can develop in the intestines after antibiotic use and causes watery diarrhea). CNA #1 said the facility communicated the need for precautions by placing a sign on the doorway and a bin with PPE outside of the room. CNA #1 said the sign indicated what kind of precautions/additional PPE was needed. CNA #1 said when caring for a resident with a chronic wound or indwelling device she only wore gloves. During an interview on 5/13/24 at 4:53 P.M., CNA #2 said she knew to initiate precautions for residents when a sign was posted on the doorway and when a PPE bin was outside of the room. During an interview on 5/1/24 at 4:56 P.M., Nurse #5 said she was assigned to Residents #20, #26, and #31 and that none of her residents required additional precautions. Nurse #5 said she was not aware of what EBP was and when providing care to a resident with a chronic wound or indwelling device she only donned (put on) gloves. During an interview on 5/13/24 at 5:03 P.M., the Director of Nurses (DON) said the requirement for EBP was in effect. The DON said she had not provided education to the staff, implemented orders, or rolled out an EBP program. The DON said she was aware that anyone with a chronic wound or indwelling device required EBP. 48695 4. Resident #1 was admitted to the facility in November 2016 with diagnoses including dementia and pressure ulcer of sacral (bone at the end or the spine) region, stage 4. Review of the MDS assessment, dated 3/30/24, indicated Resident #1 had an unhealed pressure ulcer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER: Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 655 Dedham St Wrentham, MA 02093	

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 - Some	On the following dates of the survey, the surveyor did not observe an EBP sign on Resident #1's bedroom door, or anywhere in the immediate vicinity of Resident #1's room, and no personal protective equipment was available outside or inside the room for staff to use in the event the Resident #1 should require assistance: -5/8/24 at 9:04 A.M. -5/9/24 at 10:50 A.M. -5/13/24 at 2:25 P.M. -5/14/24 at 10:46 A.M. Review of Resident #1's Physician's Orders and care plans failed to indicate he/she was on EBP. During an interview on 5/13/24 at 2:42 P.M., Nurse #2 said she was the nurse for Resident #1. Nurse #2 said she wore gloves when changing Resident #1's dressing. Nurse #2 said Resident #1 did not require additional precautions. Nurse #2 said she was not aware of what EBP was. During an interview on 5/14/24 at 2:54 P.M., the DON said the expectation was for any resident with an indwelling catheter or a wound to be on EBP.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34145 Based on record review, policy review, and interview, for five Residents (#15, #18, #20, #26, and #33), of six residents reviewed, the facility failed to provide the pneumococcal vaccinations per the Centers for Disease Control and Prevention (CDC) recommendations and facility policy. Specifically, for Residents #15, #18, #20, #26, and #33, the facility failed to ensure that pneumococcal vaccinations were administered after consent was obtained. Findings include: Review of the facility's policy titled Pneumococcal Vaccine, last revised 9/17/20, indicated but was not limited to: -Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, are offered the vaccine series within thirty (30) days of admission to the facility unless medically contraindicated or the resident has completed the current recommended vaccine series -Administration of the pneumococcal vaccines or revaccinations are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination. Review of the CDC website Pneumococcal Vaccine Timing for Adults greater than or equal to [AGE] years (cdc.gov), dated 3/15/23, indicated but was not limited to the following: -For adults 65 and over who has had Pneumococcal Conjugate Vaccine 13 (PCV13) and it has been one year or greater since the last Pneumococcal Vaccination, then the patient and the vaccine provider may choose to administer the 20-Valent Pneumococcal Conjugate Vaccine (PCV20) or Pneumococcal polysaccharide vaccine (PPSV) 23. -For adults 65 and over who has had PCV23 only at any age and it has been one year or greater since the last Pneumococcal Vaccination, then the patient and the vaccine provider may choose to administer PCV20 or PCV15 (pneumococcal 15-valent conjugate) On 5/14/24 at 7:20 A.M., the Director of Nursing (DON) provided the survey team with a copy of a handwritten vaccination report sheet that she said listed each resident's up to date vaccinations. 1. Resident #15 was admitted to the facility in January 2023 and had diagnoses including cerebrovascular disease. Review of Resident #15's vaccination administration record in the electronic medical record and review of the vaccination Report Sheet indicated Resident #15 received Pneumovax Dose 1 on 12/4/19. The report also indicated consent was received to administer the influenza and pneumococcal vaccine in 2023. Review of Resident #15's medical record indicated: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Serenity Hill Nursing Center	655 Dedham St Wrentham, MA 02093

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-consent to receive the pneumococcal vaccination was obtained on 10/3/23 (Resident #15 was [AGE] years old when the consent was signed). There was no documented evidence the vaccine had been administered. 2. Resident #18 was admitted to the facility in February 2022 and had diagnoses including dementia. Review of Resident #18's vaccination administration record in the electronic medical record indicated Resident #18 received Pneumovax 1 on 2/9/22. The vaccination Report Sheet indicated the vaccination was received on 2/2/22. Review of Resident #18's medical record indicated: -consent to receive the pneumococcal vaccination was obtained on 10/3/23 (Resident #18 was [AGE] years old when the consent was signed). There was no documented evidence the vaccine had been administered. 3. Resident #20 was admitted to the facility in October 2021 and had diagnoses including chronic obstructive pulmonary disease. Review of Resident #20's vaccination administration record in the electronic medical record and review of the vaccination Report Sheet indicated Resident #20 received PCV 23 vaccination on 1/17/22. Review of Resident #20's medical record indicated: -consent to receive the pneumococcal vaccination was obtained on 10/3/23 (Resident #20 was [AGE] years old when the consent was signed). There was no documented evidence the vaccine had been administered. 4. Resident #26 was admitted to the facility in December 2022 and had diagnoses including cerebrovascular disease. Review of Resident #26's vaccination administration record in the electronic medical record indicated Resident #26 received the Pneumovax Dose 1 vaccination on 1/1/20. The vaccination Report Sheet indicated the vaccination was received on 1/20/20. Review of Resident #26's medical record indicated: -consent to receive the pneumococcal vaccination was obtained on 10/3/23 (Resident #26 was [AGE] years old when the consent was signed). There was no documented evidence the vaccine had been administered. 5. Resident #33 was admitted to the facility in April 2023 and had diagnoses including hypertension. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Serenity Hill Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 655 Dedham St Wrentham, MA 02093	

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #33's vaccination administration record in the electronic medical record indicated Resident #33 received the PCV 13 vaccination on 9/27/17. The vaccination Report Sheet did not include Resident #33's vaccination status. Review of Resident #33's medical record indicated: -consent to receive the pneumococcal vaccination was obtained on 10/3/23 (Resident #33 was [AGE] years old when the consent was signed, and [AGE] years old at the time of survey). There was no documented evidence the vaccine had been administered. During an interview on 5/14/24 at 8:55 A.M., the Director of Nurses (DON), who was also the Infection Prevention Nurse, said information regarding residents' updated vaccination status is on the vaccination Report Sheet she provided to the survey team as well as in each resident's medical record. She said Unit Manager #1 is in charge of the facility's vaccination program. However, she is on vacation this week. The surveyor left a message for the Unit Manager who was not available during survey. No additional documentation was provided to the survey team at the time of the exit conference. During a telephone interview on 5/17/24 at 11:33 A.M., Unit Manager #1 (UM #1) said she is in charge of the facility's vaccination program. She said vaccination information is obtained upon admission and is entered into the electronic medical record. The surveyor reviewed Residents #15, #18, #20, #26 and #33 pneumococcal vaccination documentation with Unit Manager #1. She could not explain which vaccine was administered when in the medical record that Pneumovax Dose 1 was given. She said they have residents/representatives sign a consent form to receive the vaccine whether or not they are due to receive it. The surveyor requested to review copies of any pneumococcal vaccination documentation she could provide to ascertain the Residents' vaccination status. UM #1 said she would be back in the facility on 5/20/24 and would fax documentation. By the close of business on 5/20/24 at 5:00 P.M., no information/documentation was provided and no communication was received from UM #1 or any staff at the facility.