

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/04/2024
NAME OF PROVIDER OR SUPPLIER Pioneer Valley Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 573 Granby Rd South Hadley, MA 01075	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>42741</p> <p>Based on observations, interview, and policy review, the facility failed to ensure staff stored all drugs, and biologicals used in the facility in a secure manner, on three Units (East One, [NAME] Two, and East Two) of three units observed.</p> <p>Specifically, the facility failed to ensure 1. on East One, one medication cart was locked when not in direct supervision of a licensed nurse, 2. on [NAME] Two, one medication cart and one treatment cart were locked when not in direct supervision of a licensed nurse, and 3. on East Two one medication cart was locked when not in direct supervision of a licensed nurse.</p> <p>Findings include:</p> <p>Review of the facility policy titled Medication Storage in the Facility, effective date 1/2023, indicated the following:</p> <p>It is the policy of the facility that medications, treatments, and biological are stored safely, securely, and properly .The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>-Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.</p> <p>1. On 8/4/24 at 10:32 A.M., on the East One Unit the surveyor observed an unlocked medication cart stocked with medication and medical supplies. No authorized nursing staff were observed to be in direct supervision of the unlocked medication cart.</p> <p>During an interview on 8/4/24 at 10:35 A.M., Nurse #1 said medications carts should be locked when a nurse is not in direct supervision of the cart, and she had left the medication cart unlocked.</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/04/2024
NAME OF PROVIDER OR SUPPLIER Pioneer Valley Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 573 Granby Rd South Hadley, MA 01075	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. On 8/4/24 at 10:42 A.M., on the [NAME] Two Unit the surveyor observed an unlocked treatment cart stocked with treatment supplies in the hallway leading to the activities room. Topical medication products observed in the treatment cart included but was not limited to antifungal powder, bacitracin ointment, povidone iodine swab sticks, and vitamin a & d ointment. No authorized nursing staff were observed to be in direct supervision of the unlocked treatment cart. Four Residents were seated in the vicinity of the treatment cart.</p> <p>During an interview on 8/4/24 at 10:43 A.M., Nurse #2 said it was the responsibility of all the nurses on the unit to ensure the treatment cart was locked up when not in use, so that it could not be accessed by residents, and the treatment cart in question had not been locked up after it had been used.</p> <p>On 8/4/24 at 10:45 A.M., on the [NAME] Two Unit the surveyor observed an unlocked medication cart stocked with medication and medical supplies. No authorized nursing staff was observed to be in direct supervision of the unlocked medication cart. One Resident was observed seated directly next to the unlocked medication cart.</p> <p>During an interview on 8/4/24 at 10:47 A.M., Nurse #3 said she should not have left her unlocked medication cart unattended, and she should have locked the cart when she walked away from it.</p> <p>3. On 8/4/24 from 10:50 A.M. to 10:55 A.M., on the East Two Unit the surveyor observed an unlocked medication cart stocked with medication and medical supplies. No authorized nursing staff was observed to be in direct supervision of the unlocked medication cart. Five Residents were observed in the vicinity of the unlocked medication cart.</p> <p>During an interview on 8/4/24 at 10:55 A.M., Nurse #4 said she should not have left her medication cart unlocked and that she should have locked the cart when she walked away from it.</p>