

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225762	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2024
NAME OF PROVIDER OR SUPPLIER Berkshire Place		STREET ADDRESS, CITY, STATE, ZIP CODE 290 South Street Pittsfield, MA 01201	
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 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>42741</p> <p>Based on interview, and record review, the facility failed to ensure professional standards of care were maintained for diabetic management of one Resident (#23) out of a total sample of 13 residents.</p> <p>Specifically, for Resident #23, the facility failed to ensure that the Medical Doctor (MD) was notified and appropriate assessment conducted when the Resident experienced a period of hyperglycemia (high blood sugar).</p> <p>Findings include:</p> <p>Review of the facility policy titled Diabetes Mellitus (DM- disease in which the body's ability to produce or respond to the hormone insulin [a hormone that helps the body regulate blood sugar] is impaired resulting in variable blood glucose [sugar] levels in the blood), Guidelines For (Nursing Care of Resident With), revised 5/06, indicated the following:</p> <ul style="list-style-type: none"> -Quickly restore normal cerebral function and prevent hyperglycemia or hypoglycemia. -Recognize, treat or prevent complications commonly associated with diabetes. <p>Resident #23 was admitted to the facility in August 2022, with diagnoses including Type II DM (non-insulin dependent type of diabetes [disease in which the body's ability to produce or respond to the hormone insulin is impaired resulting in variable blood glucose [sugar] levels in the blood]).</p> <p>Review of Resident #23's July 2024 Medication Administration Record (MAR) indicated the following:</p> <ul style="list-style-type: none"> -Call MD for blood sugars over 450 milligrams per deciliter (mg/dL) as needed (PRN) <p>Further Review of the July 2024 MAR indicated:</p> <ul style="list-style-type: none"> -on 7/5/24 at 9:00 P.M.: the Resident had a blood sugar level of 554 mg/dL -no documentation on the July 2024 MAR to indicate the MD had been made aware of the blood sugar level that was over 450 mg/dL. <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 225762
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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>Review of the Nursing Progress Notes from 7/5/24, indicated no documentation that the MD had been made aware that Resident #23's blood sugar level was over 450 mg/dL on 7/5/24.</p> <p>During an interview on 10/23/24 at 3:06 P.M., Nurse #1 said when Resident #23 had a blood sugar over 450 mg/dL on 7/5/24, the Nurse should have called the MD to find out what type of treatment should be implemented, and documentation should be completed on the MAR and in a Nursing Progress Note. The surveyor and Nurse #1 reviewed the July 2024 MAR and the 7/5/24 Nursing Progress Notes. Nurse #1 said she could find no evidence that the MD had been made aware of Resident #23's high blood sugar on 7/5/24, and she could not be sure what treatment was put into place to lower the Resident's blood sugar.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>42690</p> <p>Based on interview, record and policy review, the facility failed to ensure that an as needed (PRN) psychotropic medication (medication that affect the mind, emotions, and behavior) was limited to 14 days for one Resident (#24), of five applicable residents reviewed, out of a total sample of 13 residents.</p> <p>Specifically, the facility failed to ensure that PRN Ativan (Lorazepam: anti-anxiety medication) was limited to 14 days and if not limited, included a Physician determined duration for continued use of the medication.</p> <p>Findings include:</p> <p>Review of the facility policy titled Psychotropic Medications, dated 8/31/23, indicated the following:</p> <ul style="list-style-type: none"> -PRN psychotropic medications which are not antipsychotic medications are limited to 14 days. -The Attending Physician/Prescriber may extend the order beyond 14 days if he or she feels it is appropriate. -If the Attending Physician extends the PRN order, the medical record will include documented rationale and determined duration. <p>Resident #24 was admitted to the facility in September 2024, with diagnoses including Anxiety Disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with daily activities) and Bipolar Disorder (a mental illness that causes extreme mood swings, from high [mania or hypomania] to low [depression], during which hallucinations or delusions can occur).</p> <p>Review of the October 2024 Physician's orders included the following:</p> <ul style="list-style-type: none"> -Ativan Oral Tablet 0.5 MG (milligrams). Give 0.5 mg by mouth every 4 hours as needed for Anxiety, agitation related to Anxiety Disorder, start date of 9/26/24. <p>Review of the September 2024 and October 2024 Medication Administration Records (MARs), indicated that the PRN Ativan medication was administered two times during the month of October 2024.</p> <p>Review of the Note to Attending Physician/Prescriber, completed during a monthly Medication Regimen Review (MRR) by the Consultant Pharmacist and dated 10/13/24, indicated the following:</p> <ul style="list-style-type: none"> -PRN psychotropic orders cannot exceed 14 days with the exception that the Prescriber documents their rationale in the Resident's medical record and indicate the duration of the PRN order. <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The Physician/Prescriber responded to the MRR with the following: Disagree, Resident is on Hospice (a program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease). No 14 days re-evaluation needed, signed by the Physician/Prescriber on 10/15/24.</p> <p>During an interview on 10/28/24 at 9:48 A.M., the Nursing Administrative Services Nurse said when a Resident was prescribed PRN Ativan it will be reflected in the order to be reviewed every 14 days or the Physician may wish to extend it for longer. The surveyor and the Nursing Administrative Services Nurse reviewed Resident #24's October 2024 Physician orders. The Nursing Administrative Services Nurse said that the Physician order should indicate a review by the Physician date at Day 14 or an explanation as to why the Physician would like to extend the Ativan medication past the required 14-day review date. The Nursing Administrative Services Nurse said that the Physician order did not indicate a stop date, or a review date as required.</p> <p>During a follow-up interview on 10/28/24 at 12:43 P.M., the Nursing Administrative Services Nurse provided the surveyor with a MRR that included the Pharmacist Recommendation and the Physician/Provider response. The Nursing Administrative Services Nurse said that the MRR Physician/Provider response did not include a determined duration for the Ativan medication and should have, as required.</p>		

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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>42741</p> <p>Based on interview, and record review, the facility failed to obtain Physician orders prior to administering a Pneumococcal Vaccination to one Resident (#23) out of five applicable residents reviewed, out of a total sample of 13 residents.</p> <p>Specifically, for Residents #23 the facility failed to obtain a Physician's order prior to administering the Pneumococcal 20-Valent Conjugate Vaccine (PCV20-type of Pneumococcal Vaccination).</p> <p>Findings include:</p> <p>Review of the facility policy titled Resident/Patient Pneumococcal Immunization, reviewed 7/15/22, indicated the following:</p> <p>-A Licensed Nurse will administer the Pneumococcal Vaccine with a standing order from the Medical Director per manufacturer's guidelines for residents/patients.</p> <p>Resident #23 was admitted to the facility in August 2022.</p> <p>Review of Resident #23's immunization record indicated he/she was administered the PCV20 on 5/24/23, while he/she was a Resident in the facility.</p> <p>Further review of the Resident's medical record indicated no documentation a Physician's order was in place prior to or at the time the PCV20 was administered to Resident #23.</p> <p>During an interview on 10/28/24 at 2:56 P.M., the Infection Preventionist (IP) said she was unable to locate a standing Physician's order for Resident #23 to receive the PCV20. The IP said a standing Physician's order should have been placed in the Resident's electronic medical record (EMR) prior to or at the time of the PCV20 being administered and this was not done.</p>