

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/13/2026
NAME OF PROVIDER OR SUPPLIER  Kimball Farms Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  40 Sunset Avenue Lenox, MA 01240	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on records reviewed and interviews for one of three sampled Residents (Resident #1), the facility failed to ensure they maintained a complete and accurate medical record when Certified Nurse Aide (CNA) documentation related to meal intake was incomplete. Findings include: Review of the Facility's Policy titled, Clinical Documentation, dated as last revised 12/29/25, indicated: -This facility meets Department of Public Health requirements for weekly summary of resident condition by ensuring documentation of medication and treatment administration every shift, interdisciplinary progress notes as needed, skin evaluations weekly, and Functional Performance point of care documentation every shift. -Nursing Assistant Documentation should be completed at Point of Care using the Electronic Health Record. Resident #1 was admitted to the Facility in May 2025, diagnoses included Dementia and Generalized Anxiety Disorder. Review of Resident #1's Meal Intake by Day report (CNA Documentation that indicates the amount of food and fluids a resident consumes daily) indicated for the following meals, the intake amount was left blank. July 2025 Breakfast: 2 out of 31 opportunities left blank Lunch: 7 out of 31 opportunities left blank August 2025 Breakfast: 4 out of 31 opportunities left blank Lunch: 7 out of 31 opportunities left blank Dinner: 1 out of 31 opportunities left blank September 2025 Breakfast: 6 out of 30 opportunities left blank Lunch: 10 out of 30 opportunities left blank October 2025 Breakfast: 7 out of 23 opportunities left blank Lunch: 12 out of 23 opportunities left blank Dinner: 1 out of 23 opportunities left blank. During an interview on 01/13/26 at 4:45 P.M., the Director of Nursing (DON) reviewed Resident #1's CNA Documentation, and she said anywhere there are blank spaces, the CNA should have entered the appropriate amount of food and fluids consumed, especially given the fact that he/she had experienced significant weight loss. The DON said if there are any blank spaces, that meant the CNA did not complete their documentation, as required.</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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