

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 08/15/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>42741</p> <p>Based on interview, record and record review, the facility failed to coordinate assessments with the Preadmission and Resident Review (PASRR) Unit (state office that identifies evidence of serious mental illness [SMI] and/or intellectual or developmental disabilities [ID/DD] in all individuals seeking admission to a nursing facility that is Medicaid or Medicare certified) for one Resident (#55) out of a total sample of 18 residents.</p> <p>Specifically, for Resident #55, the facility failed to ensure a Level II Resident Review (Level II Evaluation - a comprehensive independent evaluation conducted by the appropriate state designated authority that determines whether an individual has a mental disorder [MD], ID or a related condition, determines the appropriate setting for the individual, and recommends what, if any, specialized services and/or rehabilitative services the individual needs. The Level II PASRR cannot be conducted by the nursing facility) was completed when it was identified Resident #55 would exceed their PASRR Level II Provisional Emergency Determination (Provisional Emergency - A Categorical Determination (CD) that applies when an individual seeking admission to a nursing facility requires protective services or seeks admission during an emergency situation on a night, weekend, or holiday. The provisional emergency CD is time-limited, and individuals admitted to a nursing facility under this CD may remain for a maximum of seven calendar days before the individual must receive a post-admission screening).</p> <p>Findings include:</p> <p>Review of the facility policy titled Preadmission Screening and Resident Review (PASRR), revised 9/22/23, indicated the following:</p> <ul style="list-style-type: none"> -Post Admission Responsibilities -Expiration of Exempted Hospital Discharge (EHD) or Categorical Determination (CD) (SMI Only) -Facility must notify when resident will not be discharged before expiration of EHD stay and needs to request a Level II PASRR from the Department of Mental Health (DMH) or their Designee. -Facility determines the resident will not be discharged before expiration of the CD selected below and is requesting a Level II PASRR from the Department of Mental Health (DMH) or Designee. <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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Convalescent Care</p> <p>-Provisional Emergency</p> <p>-Respite</p> <p>Resident #55 was admitted to the facility February 2024 with diagnoses of Unspecified Dementia with Behavioral Disturbance (progressive disease with impairment in memory and functioning that includes symptoms such as depression, anxiety, psychosis, agitation, aggression, disinhibition, and sleep disturbances) and Major Depressive Disorder.</p> <p>Review of the PASRR Abbreviated Level II Evaluation Determination Summary, dated 2/17/24, indicated the following:</p> <p>-Your PASRR Level II evaluation has been completed. It has been determined that you are appropriate for a Provision Emergency admission to a Nursing Facility that cannot exceed-7-calendar days. Should the length of your stay in the nursing facility need to exceed the 7-calendar day approval of the Provisional Emergency, the nursing facility must submit request on your behalf for an additional Level II Resident Review by the 2nd calendar day after your admission.</p> <p>Further review of the Resident's medical record indicated no documentation the PASRR Unit received an updated PASRR Level I Screening-Expiration of EHD/CD when Resident #55 exceeded his/her 7-calendar day approval to evaluate the need for an additional PASRR Level II Evaluation.</p> <p>During an interview on 8/14/24 at 2:09 P.M., the Social Worker said she was unable to provide the original PASRR Level I Preadmission Assessment. The SW said she only had a PASRR Level II Evaluation for Provisional Emergency CD and it indicated a PASRR Level I Screening-Expiration of EHD/CD should have been submitted when it was determined the Resident would exceed his/her Provisional Emergency 7-calendar day approval and she was unable to provide any documentation to show the PASRR Unit had received and reviewed an updated PASRR Level I Screening once the Resident exceeded the 7-calendar day approval.</p>

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p>42690</p> <p>Based on interview, record and policy review, the facility failed to notify the State Mental Health Authority for a resident review (person-centered assessment taking into account all relevant information) after a significant change in mental condition occurred for one Resident (#120) out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to request a Preadmission Screening and Resident Review Level II screen (PASRR- an evaluation done to determine if a resident has an intellectual or developmental disability and/or serious mental illness[SMI] and if a Resident is in need of additional specialized support services at the facility) after Resident #120 received emergency mental health interventions and experienced limitations in major life activities due to mental illness.</p> <p>Findings include:</p> <p>Review of the facility policy titled Preadmission Screening and Resident Review (PASRR), revised on 9/22/23 indicated the following in part:</p> <p>-Resident-Significant Change</p> <p>--Referral to DDS (Department of Developmental Services)/DMH (Department of Mental Health) by Affiliate is necessary when resident has experienced a significant change in condition (mental illness or health status) that may impact the residents PASRR disability status, the appropriateness of SNF (Skilled Nursing Facility) placement and/or specialized services.</p> <p>--Requires interdisciplinary review or revision of the care plan; and may result in a positive Level I Screen for SMI (Serious Mental Illness) .or may result in a change in previous PASRR determinations.</p> <p>Resident #120 was admitted to the facility in June 2023, with the following diagnoses: Major Depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and Anxiety Disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with daily activities).</p> <p>Review of the PASRR Level I Screen (initial pre-screening completed prior to admission to a Nursing Facility) dated 6/28/23, indicated the following:</p> <p>-Resident #120 had a documented mood disorder (Bipolar Disorder/Major Depression).</p> <p>-In the past two years the Resident did not have any treatments due to SMI.</p> <p>-In the past six months or currently, the Resident did not have limitations in major life activities due to SMI.</p> <p>-Negative Level I Screen result, indicating a Level II PASRR evaluation was not needed.</p> <p>(continued on next page)</p>		

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<p>F 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Social Service progress note dated 7/29/24, indicated the following:</p> <ul style="list-style-type: none"> -Social Worker (SW) made aware that the Resident had an incident which appeared to be a suicide attempt. -He/she was immediately sent to the ER while the covering SW worked on a psych hospital referral as it was clear he/she needed an inpatient stay. <p>Further review of the medical record indicated no documented evidence that a PASRR resident review had been conducted after a significant change in mental condition occurred, that may have resulted in a positive Level I Screen for SMI or a change in the previous PASRR determination.</p> <p>During an interview on 8/14/24 at 3:45 P.M., the SW said that Resident #120 was sent out on 7/24/24 due to a change in his/her mental health and suicide attempt. The SW said that the Resident was sent to the hospital for safety, followed by a transfer to an in-patient psychiatric program. The SW said that she was unable to locate any additional PASRR Screens in the medical record, only the Level I screen dated 6/28/23. The surveyor and SW reviewed the Level I PASRR dated 6/28/23 and noted it to indicate the following at the top of the form:</p> <ul style="list-style-type: none"> -Resident review (Level I Screening Form required if Significant Change in Condition: newly indicated Serious Mental Illness (SMI), exacerbation of SMI, or improvement/decline in condition). <p>The SW said that a Resident Review should have been completed and then submitted to the PASRR office as the Resident had a significant change in his/her SMI indicating that a Level II PASRR should have been requested.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45435</p> <p>Based on interview, record and policy review, the facility failed to offer the Pneumococcal (infections caused by bacteria called Streptococcus Pneumoniae, or Pneumococcus that can cause Pneumonia and blood stream infections) Vaccination as recommended to one Resident (#57), out of five applicable residents, out of a total sample of 18 residents.</p> <p>Specifically, the facility failed to ensure that Pneumococcal Vaccinations were offered to, received by, or declined by Resident/Resident Representative #57 at the time of admission or shortly thereafter, putting the Resident at risk for developing facility acquired Pneumonia.</p> <p>Findings include:</p> <p>Review of the facility policy titled Resident Pneumococcal Immunization, effective 9/2011, and revised 9/1/23, indicated:</p> <ul style="list-style-type: none"> -Residents .will be offered immunization to protect them from Pneumococcal disease unless the vaccine is medically contraindicated, or the resident has already been immunized. -Pneumococcal Immunizations will be provided as recommended by the Center for Disease Control and Prevention (CDC) Advisory Committee for Immunization Practices (ACIP) recommendations. -Immunization status will be reviewed to determine eligibility for immunization. -CDC link Pneumococcal Vaccine Timing for Adults greater than or equal to [AGE] years (cdc.gov) included other adults and indicated that adults age 19-64 with certain underlying medical conditions or other risk factors who have not previously received a Pneumococcal Conjugate Vaccine (PCV - a vaccine that helps protect against diseases caused by pneumococcal bacteria) or whose previous vaccination status is unknown should receive one dose of PCV (either PCV-20 [protects against 20 types of pneumococcal bacteria] or PCV-15 [protection for 15 types of pneumococcal vaccines]), adults who have received PPSV-23 (Pneumococcal Polysaccharide Vaccine 23 [protect against serious infections caused by 23 types of pneumococcal bacteria]) only may receive a Pneumococcal Conjugate Vaccine (either PCV-20 or PCV-15) equal to or greater than one year after their last PPSV-23 dose. -Residents with unknown or uncertain immunization status may be immunized, as the benefit of immunization outweighs any risk related to re-immunization. -If there is no prior evidence of vaccination, vaccine status is unknown or uncertain, the vaccine will be offered in accordance with CDC ACIP recommendations. <p>Resident #57 was admitted to the facility in June 2023, with the diagnoses of Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory and loss of judgment), and Parkinson's Disease (a chronic degenerative disorder of the central nervous system characterized by tremor and impaired muscular coordination) and age was greater than 65 at the time of admission.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Resident's Consent for Influenza and/or Pneumococcal and/or COVID Vaccine Form, dated 10/18/23, indicated no documented evidence that the Pneumococcal Vaccine information had been provided or that the Resident/Resident Representative had given consent or declined the PCV-20 or the PPSV-23 vaccine (the sections were blank).</p> <p>Review of the facility's Immunization Record for Resident #57 indicated the PCV-20 immunization was offered and declined on 7/30/24.</p> <p>During an interview on 8/14/24 at 9:17 A.M., the surveyor and the Infection Preventionist (IP) reviewed the Consent for Vaccine completed on 10/18/23. The IP said the Vaccine Consent form did not indicate that the Pneumococcal Vaccine information had been provided or that the vaccine had been consented to or declined. The surveyor and the IP reviewed the Immunization Record documentation entry dated 7/30/24, that indicated the PCV-20 Vaccine had been offered and declined. The IP said that she had documented that the PVC-20 was offered and declined because the consent had not been obtained. The IP further said that she should have called the Resident Representative and offered the vaccine prior to documenting that the vaccine had been offered and declined. The IP said the Resident/Resident Representative should have been provided with vaccine information and offered the vaccine if it was consented to, but that she had not done this.</p> <p>During an interview on 8/14/24 at 9:43 A.M., the IP said that she had provided vaccine information to Resident #57's Resident Representative and he/she consented for the Resident to receive the PCV-20 and PPSV-23 vaccinations. The IP said the Resident should have received the PCV-20 vaccine.</p>		