

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225772	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Our Island Home		STREET ADDRESS, CITY, STATE, ZIP CODE East Creek Road Nantucket, MA 02554	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>43935</p> <p>Based on observation, interview, record review, and policy review, the facility failed for one Resident (#12), of 12 sampled residents, to maintain their catheter drainage bag below the level of the bladder at all times to prevent potential complications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Indwelling Urinary Catheter: insertion, routine care and removal, dated as effective 9/21/22, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - always keep the drainage bag below the level of the individual's bladder, to prevent urinary tract infections caused by urinary reflux (urine flowing back up into the bladder) <p>Resident #12 was admitted to the facility in August 2022 with diagnoses including: hydronephrosis (a condition in which urine cannot drain from the kidneys resulting in kidney swelling) and protein calorie malnutrition.</p> <p>Review of the most recent Brief Interview for Mental Status (BIMS), dated 3/12/24, indicated the Resident was cognitively intact with a score of 15 out of 15.</p> <p>During an observation with interview on 5/7/24 at 10:18 A.M., the surveyor observed Resident #12 lying in bed. Resident #12 said they had a cystoscopy (procedure in which a small camera is inserted through the urethra to investigate the urinary system) and has had the catheter since that time. The surveyor did not observe a catheter urine drainage bag anywhere. The Resident said the staff had placed a leg bag (a catheter drainage bag that attaches to the leg for use when out of bed) on them in case they were to get up for some reason they wouldn't need to worry about maneuvering the regular drainage bag.</p> <p>Review of Resident #12's care plan for Indwelling catheter, initiated 1/12/24, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - position catheter drainage bag and tubing below the level of the bladder <p>On 5/7/24, the surveyor made the following observations of Resident #12:</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
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 1:59 P.M., Resident lying in bed, catheter drainage leg bag in place</p> <p>- 4:12 P.M., Resident lying in bed, catheter drainage leg bag in place</p> <p>During an interview on 5/7/24 at 4:43 P.M., Nurse #2 said Resident #12 is not capable of changing the catheter drainage bag from a leg bag to a regular drainage bag independently and the staff swap out the drainage bags. She said the Resident was in bed and should not have the leg bag on as it would not allow for proper drainage, since it does not sit below bladder level, and could cause potential complications.</p> <p>Review of the Resident care Kardex, dated 5/8/24, indicated but was not limited to the following:</p> <p>- Resident is bedbound as of 5/1/24</p> <p>- Catheter: indwelling, position catheter drainage bag and tubing below the level of the bladder</p> <p>During an interview on 5/8/24 at 12:13 P.M., the Director of Nurses said Resident #12 should not have had a leg bag on while they were in bed, as it would prevent proper urine drainage, and the standard and care plan were not followed.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34145</p> <p>Based on observation, interview, and policy review, 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 within the facility for one Resident (#17), out of a total sample of 12 residents. Specifically, the facility failed to implement enhanced barrier precautions for a Resident who has a tracheostomy stoma and is at high risk for infection.</p> <p>Findings include:</p> <p>43935</p> <p>Review of the facility's policy titled Enhanced Barrier Precautions, dated as reviewed 4/26/24, indicated but was not limited to the following:</p> <ul style="list-style-type: none"> - enhanced barrier precautions (EBP) will be implemented for residents with wounds and indwelling medical devices at especially high risk for both the acquisition of and colonization with multi-drug resistant organisms (MDRO) - the decision to implement EBP will be made by the infection control nurse and healthcare leadership team - compliance with EBP will be monitored by the infection control nurse and healthcare leadership team - signage will be placed on the door of the resident's room and information will be documented in their care plan <p>Review of the Centers for Disease Control and Prevention (CDC) guidance titled Consideration for Use of Enhanced Barrier Precautions in Skilled Nursing Facilities, dated as last reviewed 7/28/21, indicated that examples of indwelling medical devices include . tracheostomy/ventilator.</p> <p>Resident #17 was admitted to the facility in December 2020 with diagnoses including: malignant neoplasm of the larynx (tumorous cancer of the throat), malignant neoplasm of the right upper bronchus or lobe of the lung, and tracheostomy status (a surgically created opening into the windpipe to allow air flow into the lungs).</p> <p>Review of the most recent Brief Interview for Mental Status, dated 3/6/24, indicated Resident #17 was cognitively intact with a score of 13 out of 15.</p> <p>During an interview on 5/7/24 at 10:08 A.M., Resident #17 said the tracheostomy was long ago and now he/she just has a trach stoma (permanent opening in the throat for air passage). The surveyor observed the Resident to have a trach mask (device for delivering oxygen) over the stoma connected to an oxygen concentrator with humidified oxygen flowing at 2 liters per minute.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/24 at 10:08 A.M., 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.</p> <p>Review of the medical record including progress notes, orders, and care plans for Resident #17 failed to indicate the Resident was on EBP.</p> <p>Review of the care Kardex for Resident #17, as of 5/8/24, indicated but was not limited to the following:</p> <p>Bathing:</p> <ul style="list-style-type: none"> - Provide sponge bath when a full bath or shower cannot be tolerated, Resident can require continual supervision to limited assist when bathing. <p>During a follow up interview on 5/7/24 at 4:58 P.M., Resident #17 was in his/her room and said when he/she is at the hospital they are on special precautions since having the tracheostomy and the facility does not follow those or provide any additional safety barriers to protect the Resident from potential exposure to germs even though he/she is high risk to contract infections related to their medical diagnoses.</p> <p>On 5/7/24 at 4:58 P.M., 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.</p> <p>During an observation on 5/8/24 at 8:39 A.M., 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.</p> <p>During an interview on 5/8/24 at 8:49 A.M., the Director of Nurses reviewed the EBP policy for the facility with the surveyor. She said Resident #17 is not on EBP, but realizes that they should be since they have a trach stoma and is at high risk for infections. She said the Resident is mostly independent and only requires staff assistance at times but is rapidly declining and staff need to be aware of the potential infection risk to the Resident and EBP should have been implemented based on the facility policy.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 36542</p> <p>Based on interview, record review, and policy review, the facility failed to provide education, assess eligibility, and offer Pneumococcal Vaccinations per the Centers for Disease Control and Prevention (CDC) recommendations and facility policy for three Residents (#10, #5 and #21), out of a sample of five residents. Specifically, the facility failed to ensure that staff offered, assessed, and provided education on the recommended Pneumococcal vaccine 20-valent (PCV20) (an active immunizing agent used to prevent infection caused by certain types of pneumococcal bacteria).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Immunization Policy, dated as last revised on 1/17/23, indicated but was not limited to the following:</p> <p>-Vaccines against tetanus and diphtheria, influenza, pneumonia, COVID-19 will be available to all residents. Residents and their Responsible Party will be educated and encouraged to consent to receiving immunizations as recommended by the Massachusetts Immunization Program unless medically contraindicated.</p> <p>-All residents will have their immunization status assessed upon admission and annually thereafter.</p> <p>Review of the Massachusetts Immunization Program indicated vaccine administration and clinical guidelines followed the Centers for Disease Control and Prevention (CDC) guidance.</p> <p>Review of the CDC guidelines for Pneumococcal Vaccine indicated the following:</p> <p>-Persons age [AGE] years or older who have previously received both PCV13 (Pneumococcal vaccine 13-valent) and PPSV23 (pneumococcal polysaccharide vaccine), AND PPSV23 was received at age [AGE] years or older: Based on shared clinical decision-making, give 1 dose of PCV20 at least 5 years after the last pneumococcal vaccine dose.</p> <p>1. Resident #10 was admitted to the facility in February 2024 and was over the age of 65 at the time of the survey.</p> <p>Review of the medical record indicated the Resident/Representative signed the Resident Immunization Informed Consent form for Prevnar 13, 15, 20 (PCV 13, 15, 20) whichever is due based on CDC recommendation.</p> <p>Review of the immunization history for Resident #10 indicated the Resident had received PPSV23 in 2008 and had received PCV13 in 2012.</p> <p>Further review of the medical record failed to indicate Resident #10 was provided with PCV20.</p> <p>2. Resident #5 was admitted to the facility in January 2010 and was over the age of 65 at the time of the survey.</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 - Some</p>	<p>Review of the immunization history for Resident #5 indicated the Resident had received PPSV23 in 2010 and received PCV13 in 2015.</p> <p>Further review of the medical record failed to indicate Resident #5 was provided with PCV20.</p> <p>3. Resident #21 was admitted to the facility in May 2021 and was over the age of 65 at the time of the survey.</p> <p>Review of the immunization history for Resident #21 indicated the Resident had received PPSV23 in 2014 and received PCV13 in 2017.</p> <p>Further review of the medical record failed to indicate Resident #21 was provided with PCV20.</p> <p>During an interview on 5/8/24 at 1:05 P.M., the Infection Control Preventionist said the process for immunizations was that the immunization history was reviewed on admission. She said when a resident is admitted she reviews the Massachusetts Immunization Information System (MIIS) and when most residents were admitted they had received the PPSV23 and the PCV13. She said she thought if the residents had both the PPSV23 and PCV13 they were fully vaccinated and were not eligible for PCV20. She said she did not know that residents who had previously been vaccinated greater than 5 years ago were eligible to receive the PCV20 vaccine.</p> <p>During an interview on 5/8/24 at 1:50 P.M., the Infection Control Preventionist said she had located the CDC guidance on PCV20 eligibility. She said the facility had not been offering or providing education on PCV20 to residents who had the vaccine series more than 5 years ago.</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>34145</p> <p>Based on interview, the facility failed to implement and maintain an effective training program for all staff, which included laundry personnel, training on standards, policies, and procedures for the facility's infection prevention and control program as it relates to handling contaminated laundry.</p> <p>Findings include:</p> <p>According to the Centers for Disease Control and Prevention (2024), best practices for personal protective equipment (PPE) for laundry staff include but are not limited to:</p> <p>-If there is risk of splashing, for example, if laundry is washed by hand, laundry staff should always wear gowns or aprons and face protection (e.g., face shield, goggles) when laundering soiled linens.</p> <p>According to the American Healthcare Association (2023), Tips for Meeting the Linen Requirements in Skilled Nursing Facilities include but are not limited to:</p> <p>Linen and Laundry Handling: Staff should handle all used laundry as potentially contaminated and use standard precautions (e.g. gloves, gowns when sorting and rinsing).</p> <p>During an interview on 5/8/24 at 11:20 A.M., Laundry Staff #1 said she handles all linens with gloved hands and no other PPE. She said she has never been educated to utilize any other PPE for handling soiled infectious linen.</p> <p>During an interview on 5/8/24 at 1:00 P.M., the Maintenance/Housekeeping Director said he is responsible for the laundry department. He said a mask and gloves should be worn for sorting, handling and processing contaminated linens. He said he does not provide education to laundry staff on infection control related to laundry.</p> <p>During an interview on 5/8/24 at 2:30 P.M., the Infection Preventionist (IP) said she is responsible for providing all staff education on all aspects of infection control, including laundry staff, but she has not done it.</p>		