STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to ensure that staff provided care and services according to accepted standards of clinical practice for one Resident (#6), out of a total sample of 12 residents. Specifically, for Resident #6, the facility failed to ensure pain medication was not administered outside of parameters identified in the Physician's orders. Findings include: Review of [NAME], Manual of Nursing Practice 11ed, dated 2019, indicated the following: -The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated: -Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber's that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. -In any situation where an order is unclear, or a nurse questions the appropriateness, accuracy, or completeness of an order, the nurse may not implement the order until it is verified for accuracy with a duly authorized prescriber. Review of the facility policy titled: Medication administration, dated as reviewed: 2/4/25, indicated but was not limited to the following: -medications shall be administered only upon the order of physicians who are members of the medical staff -nurses may administer medications in accordance with the regulations of the Board of Nursing (continued on next page)

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #6 was admitted to the facility in April 2025 with diagnoses including: fracture of the left femur, encephalopathy, and fall. Review of the most recent MDS, dated [DATE], indicated the Resident was taking opioid (narcotic) pain medication and was moderately cognitively impaired with a brief interview for mental status score of 11 out of 15. Review of the medical record indicated the Resident was their own person and capable of making their own medical decisions. Review of the physician orders for Resident #6, indicated but were not limited to the following: 4/24/25: Oxycodone (narcotic pain medication) 5 milligrams (mg), give half a tablet [2.5 mg]as needed (PRN) every four hours (Q4H) for moderate pain (discontinued (d/c) 4/30/25) 4/24/25: Oxycodone 5 mg give one tablet Q4H PRN for severe pain (d/c 4/30/25) 4/30/25: Oxycodone 5 mg give one tablet Q4H PRN for severe pain During an interview on 5/7/25 at 8:20 A.M., the Resident said they feel their pain is well managed and he/she is not interested in taking the oxy pain pills. Resident #6 further said the staff are giving the oxy pills to him/her without him/her asking for them. He/She said they were worried about becoming addicted and didn't want to stay on such a strong medication since they don't need it. The Resident said they are not having any pain that isn't manageable by other means. Review of the current pain care plan for Resident #6 indicated but was not limited to the following: -monitor and record pain characteristics PRN, severity on 1-10 scale Review of the Numerical Rating Scale for pain, indicated the following: -rating of zero indicates (=) no pain -rating of 1-3 = mild pain -rating of 4-6 = moderate pain -rating of 7-10 = severe pain Review of the Medication administration record (MAR) for both April 2025 and May 1st -7th, 2025 indicated, but was not limited to the following for Resident #6: April 2025: -Oxycodone 5 mg half tablet (2.5 mg) Q4H PRN for moderate (rating of 4 - 6) pain was administered outside of the ordered parameters four out of five times it was provided: (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	>Twice for a rating of zero, >once for a rating of 9, >once for a rating of 7. -Oxycodone 5 mg one tab Q4H PRN for severe (rating of 7 - 10) pain was administered outside of the ordered parameters nine out of nine times: >Five times for a rating of zero, >twice for a rating of 1, >once for a rating of 3, >once for a rating of 4. May 2025: -Oxycodone 5 mg one tab Q4H PRN for severe pain was administered outside of the ordered parameters three of the four times it was provided. >Twice for a rating of 1, >once for a rating of 2. Further Review of the MARs indicated the Licensed Nurses were administering the PRN Oxycodone medication to Resident #6 outside of the prescribed parameters. During an interview on 5/7/25 at 11:25 A.M., Nurse #3 said the Resident is at the facility for rehab following a left femur fracture. Nurse #3 said she thought the Resident would not consistently participate in rehab without pain medications being given. Nurse #3 reviewed the MAR for April and May and said the Oxycodone orders are for PRN only and have parameters and the medication had been administered outside of the prescribed parameters and should not have been. Review of the skilled rehabilitation progress notes and evaluations failed to indicate that Resident #6 was limited in his/her rehab participation based on an excess of pain. During an interview on 5/7/25 at 11:56 A.M., Nurse #1 said the process is supposed to be that you ask the Resident how their pain is and you go strictly by what they say and provide the medications that are as needed, if they want them, according to the pain rating number they give you. Nurse #1 said pain is rated on a 1-10 scale and 1-3 is mild, 4-6 is moderate and 7-10 is severe. Nurse #1 reviewed the April and May MARs and said the Resident received the PRN Oxycodone multiple times outside of the ordered parameters and that should not have been happening and the Nurses should only be administering the medication in accordance with the Physician orders. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/7/25 at 1:01 P.M., the Occupational Therapist (OT) said she provides treatment to Resident #6 since admission and she has not ever known the Resident to refuse any therapy treatments based on pain and that is definitely something the therapists would have written in the rehab progress notes. The OT said nursing manages the residents pain and the therapists only intervene if a resident is incapable of participating in rehab because of excess pain and that did not occur for Resident #6. During an interview on 5/7/25 at 3:08 P.M., the Director of Nurses (DON) said her expectation is that the Licensed Nurses are administering medications in accordance with the Physician orders. The DON reviewed the April and May MARs for Resident #6, and said it appeared the Nurses had administered the PRN Oxycodone multiple times outside of the ordered parameters and that should not have happened.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, document review, and interviews, the facility failed to follow infection control prevention practices to prevent the transmission of communicable diseases and infections for one Resident (#13) out of one resident on transmission-based precautions, out of a total sample of 13 residents. Specifically, the facility failed to ensure staff wore the appropriate PPE (personal protective equipment) while providing care for Resident #13, who was on droplet and contact precautions. Findings include: Review of Centers for Disease Control and Prevention (CDC) guidance titled Transmission-Based Precautions, dated 4/3/24, indicated but was not limited to: -Contact Precautions: Use of PPE appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning (putting on) PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. -Droplet Precautions: Use personal protective equipment (PPE) appropriately. [NAME] mask upon entry into the patient room or patient space. On 5/6/25 at 11:22 A.M., the surveyor observed a yellow CDC Contact Precautions sign, and a dark green CDC Droplet Precautions sign posted at the doorway to Resident #13's room. A three-tiered cart containing PPE (masks, gloves, gowns, eye protection) was available below the signs. Review of the CDC Contact Precautions sign indicated the following: -Everyone must: >Clean their hands, including before entering and when leaving the room. -Providers and staff must also: >Put on gloves before room entry. Discard gloves before room exit. >Put on gown before room entry. Discard gown before room exit. >Do not wear the same gown and gloves for the care of more than one person. >Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. Review of the CDC Droplet Precautions sign indicated the following: -Everyone must: Clean their hands, including before entering and when leaving the room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Make sure their eyes, nose and mouth are fully covered before room entry. -Remove face protection before room exit. During an interview on 5/6/25 at 3:36 P.M., the Infection Preventionist said Resident #13 was started on contact and droplet precautions on 4/22/25 related to unknown respiratory illness. On 5/6/25 at 3:40 P.M., the surveyor observed CNA #3 and CNA #4 in Resident #13's room (door was open and no privacy curtain was drawn) transferring him/her in a Hoyer lift (a mechanical device used to lift and transfer patients who cannot move themselves) wearing gloves only. A yellow CDC Contact Precautions sign and a dark green CDC Droplet Precautions sign were posted at the doorway to Resident #13's room and PPE was available in a cart below the signs. During an interview on 5/6/25 at 3:50 P.M., CNA #3 and CNA #4 said they did not think that Resident #13 was still on precautions and only wore gloves when they transferred the Resident. The surveyor directed the CNAs to the precautions signs posted at the Resident's doorway. The CNAs said they should have worn a gown, gloves, mask and eye protection when assisting the Resident but did not. During an interview on 5/6/25 at 4:00 P.M., the Infection Preventionist said Resident #13 is on contact and droplet precautions and staff are to wear a gown, gloves, mask and eye protection when providing all care to the Resident. The Infection Preventionist said staff are expected to read the precaution signs posted at the Resident's doorway and follow proper PPE protocol.