

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER D'Youville Care for Advanced Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 Varnum Avenue Lowell, MA 01854	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>37375</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who required physical assistance from staff with toileting and hygiene, the Facility failed to ensure staff provided assistance in a timely manner, when after putting Resident #1 on the bed pan, the staff member left at the end of the shift, had not informed oncoming staff that Resident #1 was on the bed pan, and as a result his/her care needs went unattended for an extended period of time.</p> <p>Findings Include:</p> <p>Resident #1 was admitted to the Facility in December 2023, diagnoses included left femur (thigh bone) fracture, left lower radius (wrist) fracture, muscle weakness, difficulty walking, bilateral hearing loss, and history of falls.</p> <p>Review of Resident #1's Physician's Order Summary Report, for the month of December 2023, indicated he/she was non-weight bearing to his/her left upper extremity.</p> <p>Review of Resident #1's Admission Minimum Data Set (MDS) Assessment, dated 12/28/23, indicated he/she was physically dependent on staff for dressing, hygiene, bathing, ambulation, toileting transfers, and toileting hygiene.</p> <p>Review of Resident #1's Activity of Daily Living (ADL) Function Care Plan, dated as initiated 12/21/23, indicated he/she had a deficit with performing self-care due to weakness, pain and left hip and left radius fractures. The Care Plan indicated that Resident #1 required assistance from a nurse or Certified Nurse Aide (CNA) for toileting.</p> <p>During a telephone interview on 04/09/24 at 9:19 A.M., Family Member #1 said that on 12/28/23, Resident #1 called him/her on the telephone and said a staff member had just put him/her on the bed pan. Family Member #1 said almost two hours later, Resident #1 called back and said he/she was still on the bed pan.</p> <p>During a telephone interview on 04/16/24 at 3:38 P.M., CNA #2 said although she was unsure of the date, during her 7:00 A.M. to 3:00 P.M. shift, she was in the hallway and heard Resident #1 yelling for help. CNA #2 and said when she went into his/her room, Resident #1 told her that a man from the night shift (11:00 P. M. to 7:00 A.M.) put him/her on the bed pan and then forgot about him/her.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER D'Youville Care for Advanced Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 Varnum Avenue Lowell, MA 01854	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>CNA #2 said Resident #1 had moved the bed pan out from under himself/herself, he/she had urinated and moved his/her bowels in the bed pan, and said he/she was laying on a cloth pad on the bed with a dirty bottom. CNA #2 said she assisted him/her with care, then went to tell the Director of Nursing (DON) immediately and said the DON went to speak to Resident #1.</p> <p>During a telephone interview on 04/22/24 at 9:39 A.M., CNA #3 said he worked for a staffing agency and does not recall putting a resident on a bed pan when he worked the 11:00 P.M. to 7:00 A.M. shift on 12/27/23 into 12/28/23. CNA #3 said he did not recall there being an issue.</p> <p>During a telephone interview on 04/16/24 at 12:08 P.M. and on 04/17/24 at 12:10 P.M., the Director of Nursing (DON) said although she did not recall all the details and did not recall the exact date, said there had been an issue with Resident #1 being left on a bed pan.</p> <p>The DON said she a CNA who worked on the 11:00 P.M. to 7:00 A.M. shift put Resident #1 onto the bed pan before leaving the at the end of the shift and said at approximately 7:30 A.M., Resident #1 reported he/she had been left on the bed pan for a long time. The DON said that after she spoke to staff, she determined that Resident #1 had been left on the bed pan for approximately one hour. The DON said a resident should not be left on a bed pan by staff any longer than twenty minutes, at the most.</p> <p>The DON said that it was not ideal for Resident #1 to be left on the bed pan for that amount of time and said the expectation was that if a resident was put on a bed pan, staff was supposed to either wait with the resident or to come back after a few minutes and check on the resident (to assist them off the bed pan). The DON said if a resident is put on a bed pan at the change of shift, it should be reported at the change of shift to on-coming staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER D'Youville Care for Advanced Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 Varnum Avenue Lowell, MA 01854	

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>37375</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1) the Facility failed to ensure they maintained complete and accurate medical records when 1) Resident #1's Certified Nurse Aide (CNA) Activity of Daily Living (ADL) Flow Sheet documentation was not consistently completed each shift by CNAs and 2) Resident #1's Weekly Skin Check documentation was not accurately documented by nurses.</p> <p>Findings Include:</p> <p>The Facility Policy titled Documentation in the Medical Record, dated 11/30/23, indicated each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through accurate and timely documentation.</p> <p>The Policy indicated documentation should be accurate, relevant and contain sufficient details about the resident's care and/or responses to care.</p> <p>Resident #1 was admitted to the Facility in December 2023, diagnoses included left femur (thigh bone) fracture, left lower radius (wrist) fracture, muscle weakness, difficulty walking, bilateral hearing loss, and history of falls.</p> <p>Review of Resident #1's Admission Minimum Data Set (MDS) Assessment, dated 12/28/23, indicated he/she had a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact), he/she was physically dependent on staff for dressing, hygiene, bathing, ambulation, and toileting transfers.</p> <p>1)Review of Resident #1's ADL Function Care Plan, dated as initiated 12/21/23, indicated he/she required assistance from staff with bathing and showering, dressing, personal hygiene, and toileting.</p> <p>Review of Resident #1's At Risk for Alteration in Skin Integrity Care Plan, dated as initiated 12/31/23, indicated he/she required he/she required assistance from staff to turn and reposition at least every two hours.</p> <p>Review of Resident #1's CNA Flow Sheets, dated 12/21/23 through 12/31/23, indicated for the following shifts, documentation on CNA Flow Sheets were incomplete for oral care, dressing, bed mobility, toileting, bowel and bladder elimination, and transfers:</p> <p>7:00 A.M. to 3:00 P.M. - 2 days (out of 10) were left blank</p> <p>3:00 P.M. to 11:00 P.M.- 5 days (out of 10) were left blank</p> <p>11:00 P.M. to 7:00 A.M.- 4 days (out of 10) were left blank</p> <p>Review of Resident #1's CNA Flow Sheets, dated 12/21/23 through 12/31/23, indicated for the following shifts, documentation for repositioning was incomplete:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER D'Youville Care for Advanced Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 Varnum Avenue Lowell, MA 01854	
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>7:00 A.M. to 3:00 P.M. - 2 days (out of 10) positioning every two hours was left blank</p> <p>3:00 P.M. to 11:00 P.M.- 5 days (out of 10) positioning every two hours as left blank</p> <p>11:00 P.M. to 7:00 A.M.- 3 days (out of 10) positioning every two hours was left blank</p> <p>Review of Resident #1's CNA Flow Sheets, dated 01/01/24 through 01/31/24, indicated CNA Flow Sheets for pressure injury preventions, bowel and bladder elimination, toileting, dressing, transfers, and bed mobility were incomplete on the following shifts:</p> <p>7:00 A.M. to 3:00 P.M. - 5 days (out of 31) were left blank</p> <p>3:00 P.M. to 11:00 P.M.- 8 days (out of 31) were left blank</p> <p>11:00 P.M. to 7:00 A.M.- 8 days (out of 31) were left blank</p> <p>Review of Resident #1's CNA Flow Sheets, dated 01/01/24 through 01/31/24, indicated for the following shifts, documentation for repositioning was incomplete:</p> <p>7:00 A.M. to 3:00 P.M. - 5 days (out of 31) positioning every two hours was left blank</p> <p>3:00 P.M. to 11:00 P.M.- 8 days (out of 31) positioning every two hours was left blank</p> <p>11:00 P.M. to 7:00 A.M.- 8 days (out of 31) positioning every two hours was left blank</p> <p>During an interview on 04/16/25 at 12:08 P.M., the Director of Nursing (DON) said CNA Flow Sheets documentation should completed by CNAs on each shift and said CNA Flow Sheets should not be left blank. The DON said even if specific care did not occur or was not provided to a resident during the shift, CNA's should still document and should use a corresponding code to indicate specific care was not provided.</p> <p>2) Review of Resident #1's Nurse Progress Note, dated 12/26/24, indicated he/she was observed to have an open area with a pink wound base and serosanguinous drainage (contains both blood and the liquid, serum, part of blood) on his/her left buttock</p> <p>Review of Resident #1's Wound Physician's Note, dated 01/02/24, indicated he/she had a Stage 3 (full thickness tissue loss, slough may be present) a pressure injury to his/her left buttock that measured 0.7 centimeters (cm) in length by 1.0 width x 0.1 cm depth and a pressure injury to his/her right buttock measuring 2 cm x 1.5 cm x 0.1 cm.</p> <p>Review of Resident #1's Weekly Skin Check, dated 01/06/24 (completed by Nurse #2), indicated he/she was noted by nursing to have Stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with red or pink wound bed) pressure injuries to his/her right and left buttock.</p> <p>However, this was not consistent with Resident #1's wound staging of his/her right and left buttock pressure injuries, as documented on 01/02/24 by the wound Physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER D'Youville Care for Advanced Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 Varnum Avenue Lowell, MA 01854	
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>Review of Resident #1's Skin Issue Report, dated 01/10/24, indicated he/she was observed to have a closed reddened pressure injury to his/her left heel.</p> <p>Review of Resident #1's Wound Physician's Note, dated 01/16/24, indicated that in addition to his/her right and left buttock pressure injuries, he/she had a new closed Deep Tissue Injury (DTI, pressure injury that remains closed and progresses rapidly to full thickness skin and tissue loss) on his/her left heel that measured 2 cm x 3 cm x 0 cm.</p> <p>Review of Resident #1's Weekly Skin Check, dated 01/17/24 (completed by Nurse #2), indicated he/she was noted to have open areas to his/her left buttocks and left heel. The Skin Check did not include Resident #1's right buttock pressure injury.</p> <p>However, this was not consistent with Resident #1's pressure injuries, as documented on 01/16/24 by the wound Physician.</p> <p>Review of Resident #1's Wound Physician's Note, dated 01/23/24, indicated that although his/her right buttock wound had resolved, he/she still had a left buttock pressure injury and a left heel deep tissue injury.</p> <p>Review of Resident #1's Weekly Skin Check, dated 01/24/24, indicated that he/she was noted to have no observed skin issues.</p> <p>However, this was not consistent with what was documented on 01/23/24 in Resident #1's wound Physician note.</p> <p>Review of Resident #1's Wound Physician's Note, dated 01/30/24, indicated although his/her left buttock wound had resolved, he/she had a left heel wound that was consistent with a Stage 3 pressure injury.</p> <p>Review of Resident #1's Weekly Skin Check, dated 01/31/24, indicated he/she was noted by nursing to have no observed skin issues.</p> <p>However this was not consistent with what was documented on 01/30/24 in Resident #1's wound Physician note.</p> <p>Review of Resident #1's wound Physician's Note, dated 02/06/24, indicated his/her left heel ulcer was not yet healed.</p> <p>During a telephone interview on 04/17/24 at 2:47 P.M., Nurse #2 said she had never been assigned to Resident #1 and could not recall doing a skin check assessment on him/her but said she did assist with skin checks if other nurses need her help.</p> <p>During a telephone interview on 04/16/24 at 12:08 P.M. and 1:47 P.M., the Director of Nursing (DON) said Resident #1's weekly skin check on 01/06/24 should not have been documented as a Stage 2 pressure injury, by Nurse #2, if his/her wound Physician had staged the pressure injury as a Stage 3.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225777	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER D'Youville Care for Advanced Therapy		STREET ADDRESS, CITY, STATE, ZIP CODE 1071 Varnum Avenue Lowell, MA 01854	

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>The DON said Nurse #2 documented Resident #1 had two left buttock wounds on 01/17/24 and said it appeared that she may have mistakenly documented left twice rather than choosing the drop down option in the computer to indicate he/she had one left and one right pressure injury.</p> <p>The DON said the weekly skin checks on 01/24/24, 01/25/24, and 01/31/24 were inaccurate and said that nurses should have documented all the pressure injuries that Resident #1 had.</p>