

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225785	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2025
NAME OF PROVIDER OR SUPPLIER  New England Pediatric Care		STREET ADDRESS, CITY, STATE, ZIP CODE  78 Boston Road North Billerica, MA 01862	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45343</b></p> <p>Based on interview and observations, the facility failed to ensure a homelike environment for two of two resident occupied floors. Specifically, the facility failed to ensure ceilings, walls, and furniture were undamaged and/or clean.</p> <p>Findings Include:</p> <p>Review of facility policy titled Family/ Psychosocial Admission Policy Guide, dated as reviewed 3/19/25, indicated the following:</p> <p>-In accordance with the Individuals with Disabilities Education Act (IDEA) [The facility] strives to create the least restrictive environment for our residents that meets their individual needs. Our goal is to provide all residents and their families with a homelike environment while supporting their physical and psychosocial wellbeing.</p> <p>-Procedure: Parents are encouraged to make their child's living area as homelike as possible. The facility provides sheets and blankets, a bureau, TV, and a wardrobe for each room.</p> <p>During environmental rounds on the second floor B wing unit on 3/19/25 at 10:22 A.M., the following observations were made:</p> <p>-room [ROOM NUMBER]: There were gouges in the wall leaving plaster exposed behind the laundry hamper, and there were six brown stained ceiling tiles above the laundry hamper and dresser.</p> <p>-room [ROOM NUMBER]: There were gouges in the wall leaving plaster exposed behind the laundry hamper and dressers.</p> <p>-room [ROOM NUMBER]: There were gouges in the wall leaving plaster exposed behind the laundry hamper and small dresser.</p> <p>-room [ROOM NUMBER]: There was peeling wallpaper behind the laundry hamper.</p> <p>-room [ROOM NUMBER]: There was peeling paint behind the laundry hamper.</p> <p>-room [ROOM NUMBER]: There was one stained ceiling tile above the pictures and laundry hamper.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER]: There were gouges in the wall and peeling wallpaper leaving plaster exposed behind the laundry hamper and two dressers. And there were seven stained ceiling tiles outside room [ROOM NUMBER]'s entrance.</p> <p>During an interview on 3/20/25 at 8:33 A.M., Nurse #2 said there is a maintenance book on the unit where all the concerns are written, and that the maintenance department checks it daily. Review of the Wing B maintenance log for March failed to indicate any of the above environmental observations.</p> <p>15016</p> <p>During environmental rounds on the first floor A wing unit on 03/19/25 10:00 A.M., the following observations were made:</p> <ul style="list-style-type: none"> <li>- room [ROOM NUMBER]: The shoulder immobilizer can was rusty. The veneer on both bed A and bed B dressers and side tables were chipped.</li> <li>- room [ROOM NUMBER]: The veneer on both dressers were chipped.</li> <li>- room [ROOM NUMBER]: The veneer on both dressers were chipped. The bed B side rails and headboard were dirty and covered in areas of old tape.</li> <li>- room [ROOM NUMBER]: Both bed A and bed B dressers were chipped. Wallpaper below the bedroom window was torn and peeling. The window shade roller mechanism was broken and the shade was unable to be raised.</li> <li>- room [ROOM NUMBER]: The bed A side rail padding had a 6 inch rip on its edge. Bed A and B dressers had chipped veneer. The laundry hamper was rusty. The window seal hung from the bedroom window. The window shade was torn off the roller mechanism.</li> </ul> <p>49880</p> <p>During environmental rounds on the first floor A wing unit on 03/19/25 10:00 A.M., the following observations were made:</p> <ul style="list-style-type: none"> <li>-room [ROOM NUMBER]: On the B bed side of the room the metal hamper had rusting on the cover. Also, on B bed side of the room the bureau had some of the veneer covering chipped off.</li> <li>-room [ROOM NUMBER]: The B side bureau had some of the veneer covering chipped off.</li> <li>-room [ROOM NUMBER]: The bathroom door had paint chipping off of it. The bureau on the B side of the room had the veneer covering chipped off of it and mismatched drawers. The nightstand on the B side of the room also had veneer chipped off of it.</li> <li>-room [ROOM NUMBER]: A nightstand in the room had veneer chipped off of it.</li> <li>-room [ROOM NUMBER]: The veneer was chipping off the furniture. One of the bedside tables had a missing knob on the door and the hampers were rusty on the covers.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER]: The padding for the side rails in bed A were ripped in the corners.</p> <p>-room [ROOM NUMBER]: The A bed side rail pads were torn with multiple large holes in them. The bureau on the B side of the room had many areas of chipped veneer and peeling off veneer. The wall behind the hampers was marked up.</p> <p>-room [ROOM NUMBER]: The wallpaper on the wall across from the beds was peeling off. Above the A side bed there is an unpainted, partially patched hole in the wall. There is a nightstand with no knob on the drawer. The bedrail pads on the B side bed were torn.</p> <p>-room [ROOM NUMBER]: A side table in the room was missing a knob on the drawer. There was a broken light switch plate over the B bed. Paint behind the beds was peeling and chipping on the walls. The side rail pads on the B side bed were torn.</p> <p>-room [ROOM NUMBER]: There were unpatched holes on the wall behind bed A. The bedside table door was off the hinge between the two beds and doesn't close. All of the furniture in the room had chipped off veneer. There was an outlet behind B bed that was broken where the plug would go in.</p> <p>During an interview on 3/19/25 at 10:51 A.M., Nurse #1 said that whenever there is a maintenance concern or something needs to be fixed, there is a binder at each nurse's station to write it in.</p> <p>During an interview and observations on 3/20/25 at 8:42 A.M., with the Director of Nurses and Director of Social Services said they are in the process of replacing furniture and recognize the need for it to be replaced. The Director of Nurses said that she would expect that staff are reporting things like broken light switches, torn siderail pads and missing furniture knobs to maintenance so they can be addressed. During observations with the Director of Nursing and the Director of Social services, ceiling tiles on the B wing unit were observed to be stained, six ceiling tiles outside of room [ROOM NUMBER] and seven ceiling tiles outside of room [ROOM NUMBER] were observed with significant staining. Both the Director of Nurses and Director of Social Services said the ceiling tiles should be replaced.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15016</p> <p>Based on record review, interview and observation, the facility failed to ensure it followed the physician order for elbow protectors for one Resident (#31) out of 18 sampled residents.</p> <p>Findings:</p> <p>Resident #31 was admitted to the facility in December 2010, and has active diagnoses which include cerebral palsy and neuromuscular scoliosis.</p> <p>Review of Resident #31's Minimum Data Set assessment dated [DATE], indicated severely impaired cognition, dependent on staff for all activities of daily living, and at-risk for the development of pressure ulcers.</p> <p>Review of Resident #31's Maintenance care plan, last revised on 11/19/24, indicated:</p> <ul style="list-style-type: none"> <li>- Heelbos to elbows at all times.</li> </ul> <p>Review of Resident #31's physician orders indicated:</p> <ul style="list-style-type: none"> <li>- Heelbos to bilateral elbows at all times every shift, dated 10/18/2024.</li> </ul> <p>Heelbos are elbow protectors designed to treat and help prevent dermal ulcers on elbows, and to reduce shear and friction.</p> <p>Review of Resident #31's Treatment Administration Record for March 2025 indicated the physician's order for the use of Heelbos was not carried over.</p> <p>On 3/18/25 at 8:38 A.M., the surveyor observed Resident #31 in his/her bedroom awake and sitting in a wheelchair. Resident #31 was not wearing Heelbos on the elbows.</p> <p>On 3/19/25 at 10:12 A.M., the surveyor observed Resident #31 in the A wing classroom, sitting in a wheelchair. Resident #31 was not wearing Heelbos on the elbows.</p> <p>During an interview with a Teacher on 3/19/25 at 10:13 A.M., she said Resident #31 requires the use of elbow protectors. The Teacher said someone must have forgotten to apply the protectors when getting the Resident ready for school.</p> <p>During an interview with the Director of Nurses on 3/9/25 at 11:00 A.M., she said it is expected that staff will follow the physician's orders for the use of Heelbos.</p>		