

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/05/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>44337</p> <p>Based on observation, interview and policy review, the facility failed to provide a dignified dining experience for one Resident (#97) out of total sample of 24 residents.</p> <p>Specifically, the facility staff remained standing while assisting Resident #97 during a breakfast meal.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dining Guideline, last revised November 2017, indicated the following:</p> <ul style="list-style-type: none">-the goals of the dining experience are to enhance the individual's quality of life through person centered dining and providing person centered care and attention.-staff will listen, pay attention, and converse with each individual. <p>On 8/5/24 at 8:30 A.M., the surveyor observed Certified Nurses Aide (CNA) #3 assisting Resident #97 with the breakfast meal while standing over the Resident who was seated in his/her wheelchair in the third-floor unit dining room.</p> <p>On 8/5/24 at 8:36 A.M., the surveyor and Nurse #2 observed CNA #3 assisting Resident #97 with the breakfast meal while standing over the Resident who was seated in his/her wheelchair in the third-floor unit dining room. During an interview at the time Nurse #2 said that CNA #3 should not have been standing over Resident #97 while assisting him/her with the breakfast meal. Nurse #2 said staff should be seated when the staff assist residents with their meals.</p> <p>During an interview on 8/5/24 at 8:38 A.M., CNA #3 said that she was standing over Resident #97 assisting him/her with breakfast because she does not like to sit down. CNA #3 said that she was supposed to be seated next to Resident #97 while assisting him/her with breakfast so that she could have eye contact and converse with the Resident.</p> <p>During an interview on 8/6/24 at 7:30 A.M., the Director of Nursing (DON) said staff should be seated while assisting residents with meals for dignity purposes. The DON also said that CNA #3 should have been seated next to Resident #97 while she assisted him/her with the breakfast meal.</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: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0572 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Give residents a notice of rights, rules, services and charges.</p> <p>45429</p> <p>Based on observation, interview, policy and record review, the facility failed to provide ongoing review of residents rights and services to residents during the residents stay, for six Residents who attended Resident Council.</p> <p>Specifically, the facility failed to conduct ongoing review of resident's rights and services with six Residents who attended monthly Resident Council meetings in the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled Resident Rights and Responsibilities Guideline, revised 5/25/22, indicated that the facility informs the Resident both orally and in writing, in a language that the Resident understands, of his/her rights and rules and regulation governing Resident conduct and responsibilities during their stay in the facility.</p> <p>Review of the Resident Council Meeting minutes for 2023 - 2024 failed to indicate that any resident rights had been reviewed during the Resident Council meetings that were held within the time period.</p> <p>On 8/5/24 at 11:02 A.M., the surveyor held a group meeting with six residents who had attended the Resident Council meetings. The Resident group said that the facility held monthly Resident Council meetings on a regular basis. The Resident group also said that no facility staff had reviewed their rights with them during these monthly Resident Council meetings.</p> <p>During observations on 8/5/24 and 8/6/24, on the third floor units where most of the Resident Council attendees reside, the surveyor did not see any written postings of Resident Rights and Services.</p> <p>During an interview on 8/6/24 at 9:23 A.M., the Administrator said that the staff holding Resident Council meetings had not been reviewing resident rights with the Resident Council Residents. The Administrator also said that the facility staff should have been doing this, but could not provide evidence that the staff in the facility had been reviewing residents rights and services with any of the Resident Council Residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429</p> <p>Based on observation and interview, the facility failed to ensure a clean, safe, comfortable, and homelike environment for one Resident (#21) out of a total sample of 24 residents.</p> <p>Specifically, the facility failed to ensure that Resident #21's wheelchair was provided with preventative and routine maintenance and maintained in a clean, safe and homelike condition.</p> <p>Findings include:</p> <p>Resident #21 was admitted to the facility in June 2012, with diagnoses including Dementia (a group of conditions characterized by the impaired ability to remember, think, or make decisions that interferes with everyday activities), Cerebral Infarction (stroke: damage to tissues in the brain caused by blood clots, disrupted blood supply and restricted oxygen supply to the specific area), and need for assistance with personal care.</p> <p>Review of Resident #21's Minimum Data Set (MDS) assessment dated [DATE], indicated the Resident had a severe cognitive impairment as he/she was unable to complete the Brief Interview for Mental Status (BIMS) assessment. Further review of the MDS indicated that he/she was dependent on staff for Activities of Daily Living (ADLs- an individual's daily self-care activities).</p> <p>On 8/1/24 at 9:09 A.M., the surveyor observed Resident #21 sitting in a tilt and space (allows the seated person to maintain the correct posture while being tilted so pressure is distributed evenly across the body) wheelchair in the day room. The surveyor observed that Resident #21's wheelchair had areas that were covered in food debris, the left arm pad was worn enough to view the exposed padding underneath, the right-side pad next to his/her leg was torn exposing a large area of blue foam and the footrest extender was ripped with exposed white padding.</p> <p>On 8/5/24 at 8:14 A.M., the surveyor observed Resident #21 sitting in a tilt and space wheelchair in the day room. The surveyor observed that Resident #21 was sitting in the wheelchair that still had areas covered in food debris, the left arm pad with the exposed padding underneath, the right-side pad that was torn and exposing a large area of blue foam next to his/her leg and the footrest extender that was ripped with exposed white padding.</p> <p>The facility was unable to provide a preventative maintenance policy or cleaning policy for wheelchairs when the surveyor requested this information. The facility was also unable to provide a routine maintenance schedule for wheelchairs during the duration of the recertification survey.</p> <p>During an interview on 8/5/24 at 8:16 A.M., Unit Manager (UM) #1 said that depending on the type of concern, the Rehabilitation or Maintenance staff will manage the repair of wheelchairs in the facility. UM #1 also said that staff are expected to report a wheelchair concern into an electronic work order computer system called Tels after they see it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview of 8/5/24 at 9:56 A.M., the Director of Nursing (DON) said that the facility staff are taught during their general new employee orientation training to put a wheelchair concern into the Tels system to generate a work order.</p> <p>Review of the facility's work orders summary dated 6/1/24 to 8/4/24, did not indicate that any facility staff had reported that Resident #21's wheelchair had been dirty and in a state of disrepair.</p> <p>During an interview on 8/5/24 at 1:08 P.M., the surveyor and Maintenance Staff #2 observed Resident #21's wheelchair in his/her bedroom. Maintenance Staff #2 said that he had not been made aware of the damage to Resident #21's chair and that it should have been repaired.</p> <p>During an interview on 8/5/24 at 1:15 P.M., Rehabilitation Staff #1 said that the wheelchair should have been cleaned and repaired, however Resident #21 was not receiving rehabilitation services at the time so the Rehabilitation staff had been unaware of the damage to the wheelchair.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44337</p> <p>Based on interview, record and policy review, the facility failed to develop a comprehensive care plan for the use of anticoagulant (also known as blood thinner: used to prevent or treat blood clots in blood vessels and the heart) and antiplatelet (prevents platelets from sticking together and decreasing the body's ability to form blood clots) medications for two Residents (#8 and #78), out of a total sample of 24 residents.</p> <p>Specifically, the facility failed to:</p> <p>1) develop a care plan for Resident #8 for Clopidogrel Bisulfate (Plavix: antiplatelet medication) that addressed the risks, potential side effects, and monitoring associated with the use of the medication.</p> <p>2) develop a care plan for Resident #78 for Apixaban (Eliquis: anticoagulant medication) that addressed the risks, potential side effects, and monitoring associated with the use of the medication.</p> <p>Findings include:</p> <p>Review of the facility policy titled Anticoagulation Use Guideline revised 7/28/22, indicated the following:</p> <p>-the staff and Physician will monitor for possible complications in individuals who are being anticoagulated (being administered anticoagulant medications) and will manage related problems.</p> <p>-if an individual on anticoagulant therapy shows signs of excessive bruising, hematuria (blood in urine), hemoptysis (blood in sputum) or other evidence of bleeding, the Nurse will discuss the situation with the Physician before giving the next scheduled dose of anticoagulant.</p> <p>-the Physician will order measures to address any complications, including holding or discontinuing the anticoagulant (medication) as indicated</p> <p>1) Resident #8 was admitted to the facility in May 2016, with diagnoses including Peripheral Vascular Disease (PVD: a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs) and Cerebral Vascular Accident (CVA/Stroke: interruption of blood flow to part of the brain).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #8 was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of three out of a total score of 15.</p> <p>Review of the August 2024 Physician's orders indicated the following:</p> <p>-Clopidogrel Bisulfate 75 mg (milligrams), give one tablet by mouth one time a day related to Peripheral Vascular Disease, start date 6/18/18.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of the August 2024 Medication Administration Record (MAR) indicated that Clopidogrel Bisulfate had been administered as ordered from 8/1/24 through 8/5/24.</p> <p>Review of Resident #8's clinical record indicated no evidence that a plan of care which included the risks, potential complications and monitoring for the medication use was developed for the Clopidogrel Bisulfate medication.</p> <p>2) Resident #78 was admitted to the facility in March 2024 with a diagnosis of Cerebral Infarction (Stroke: damage to tissues in the brain caused by blood clots, disrupted blood supply and restricted oxygen supply to the specific area).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #78 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of a total score of 15.</p> <p>Review of the August 2024 Physician orders indicated the following:</p> <p>-Apixaban Oral Tablet 5 mg, give one tablet by mouth two times a day, start date 6/19/24.</p> <p>Review of the August 2024 Medication Administration Record (MAR) indicated that Apixaban had been administered as ordered from 8/1/24 through 8/5/24.</p> <p>Review of Resident #78's clinical record indicated no evidence that a plan of care was developed for the Apixaban medication which included the risks, potential complications and monitoring for the medication use.</p> <p>During an interview on 8/06/24 at 7:30 A.M., the Director of Nurses (DON) said that every resident who was prescribed an anticoagulant medication should have a care plan in place for monitoring complications and side effects of the medication. The DON said that Resident #8 and Resident #78 did not have a care plan in place that included monitoring for potential complications and risks associated with the use of the anticoagulant medication, but they should have had a care plan in place.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>50138</p> <p>Based on observation, interview, policy and record review, the facility failed to ensure that activities of daily living (ADL's- activities related to personal care which include bathing, dressing, grooming, and eating) were provided for one Resident (#316), out of a total sample of 24 residents.</p> <p>Specifically, the facility failed to ensure that personal care relative to grooming was provided for Resident #316 who required the assistance of staff for care.</p> <p>Findings include:</p> <p>Review of the facility policy titled: ADL Support Guideline, last revised 7/18/22, indicated:</p> <ul style="list-style-type: none">-Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADL's).-Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal oral hygiene.-Appropriate care and services will be provided for residents unable to carry out ADL's independently . including appropriate support and assistance with .Hygiene (bathing, dressing, grooming and oral care). <p>Resident #316 was admitted to the facility in July 2024, with diagnoses including Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory and loss of judgment) and Alzheimers disease (a progressive disease beginning with mild memory loss and leading to the loss of the ability to carry on a conversation and respond to the environment, involves parts of the brain that control thought, memory, and language), and need for assistance with personal care.</p> <p>Review of the Resident's ADL care plan, last updated on 7/25/24, indicated Resident #316 had an ADL self-care performance deficit and the Resident required substantial/maximum assistance for personal hygiene and mobility.</p> <p>Review of the Resident #316's Certified Nurses Aide (CNA) Kardex (a brief overview of a Resident's care needs) indicated that the Resident required assistance for personal hygiene (grooming).</p> <p>During an interview and observation on 8/1/24 at 10:29 A.M., the surveyor observed Resident #316 with long facial hair and hair above the Resident's upper lip. Resident #316 said that he/she needed the facial hair to be shaved, that no one had offered to assist with this, and he/she needed help with shaving.</p> <p>The surveyor observed that the Resident had long facial hair and hair above the upper lip during the following observations:</p> <p>-8/1/24 at 10:29 A.M.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/05/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>-8/5/24 at 12:22 P.M.</p> <p>-8/6/24 at 1:23 P.M.</p> <p>Review of CNA care documentation for August 2024 indicated that ADL care was provided to Resident #316 with assistance from staff on:</p> <p>-8/1/24.</p> <p>-8/5/24.</p> <p>-8/6/24.</p> <p>Review of the clinical record did not indicate any refusals of ADL care by Resident #316.</p> <p>During an interview on 8/6/24 at 12:37 P.M., Nurse #1 said all residents, male or female should be provided a shave with ADL care daily if they wanted one (shave).</p> <p>During an interview on 8/6/24 at 12:34 P.M., CNA #1 said all residents should be offered to shave as part of ADL care and that shaving is important because it makes residents feel better, look better, and is part of the delivery of care.</p> <p>During an interview on 8/6/24 at 1:21 P.M., the Director of Nursing (DON) said that delivery of shaving care daily, is important to all residents because shaving is part of routine ADL care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429</p> <p>Based on observation, interview, policy and record review, the facility failed to provide respiratory care and services consistent with professional standards of practice for one Resident (#48), out of a total sample of 24 residents.</p> <p>Specifically, the facility failed to ensure that Resident #48's oxygen concentrator (a medical device used to deliver supplemental oxygen) was maintained in a clean and sanitary manner to prevent contamination, the spread of infection and device malfunction when dust and debris was not being appropriately cleaned from the top rear air intake vent of the device.</p> <p>Findings include:</p> <p>Review of the AARC (American Association for Respiratory Care) Clinical Practice Guideline, updated 2014: https://www.aarc.org/wp-content/uploads/2014/08/08.07.1063.pdf indicates:</p> <p>>Equipment maintenance and supervision:</p> <ul style="list-style-type: none">-All oxygen delivery equipment (concentrators, liquid systems, and cylinders) should be checked at least once daily-Facets to be assessed include proper function of the equipment-should be serviced and maintained in accordance with the manufacturer specifications and consistent with all federal, state, and local laws and regulations. <p>Review of the user manual for Resident #48's oxygen concentrator dated 2017: CAIRE_Companion5 UserManual.pdf (caireinc.com) indicated:</p> <ul style="list-style-type: none">-Warning: Do not allow either the air intake or the air outlet vents to become blocked. Do not drop or insert any objects into any openings on the device. This can cause the oxygen concentrator to overheat and impair performance.-Select a location for the device that avoids the intake of smoke, fumes and pollutants. Correct placement of the device should allow intake of air through the three air intake locations at the top rear and underneath the [device]cabinet and allow for exhaust air to freely leave the exhaust vent at the bottom left of the device.-DO NOT block the air intake locations (top rear or underneath) or the exhaust vent (back bottom left and right). <p>Resident #48 was admitted to the facility in January 2024, with diagnoses including COPD (Chronic Obstructive Pulmonary Disease- a chronic inflammatory lung disease that causes restrictive air flow and breathing problems) and Asthma (a condition in which airways narrow and swell [inflammation] making it difficult to breathe).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of Resident #48's comprehensive care plan, last revised 5/9/24, indicated the Resident:</p> <ul style="list-style-type: none">-has altered respiratory status and difficulty breathing due to diagnoses of COPD exacerbation (increase in severity), Asthma and Congestive Heart Failure (CHF- caused when the heart is unable to pump blood effectively resulting in fluid build-up in the lungs, arms, feet and other organs).-an intervention to be maintained at their respiratory baseline with a patent (open) airway and unlabored respiration.-an intervention to provide support to the Resident to mitigate the risks related to aspiration up to including death. <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #48 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 10 out of a total score of 15.</p> <p>Further review of the MDS assessment indicated that Resident #48 was dependent on staff for Activities of Daily Living (ADLs) and received oxygen therapy.</p> <p>Review of Resident #48's Physician's orders for August 2024, included:</p> <ul style="list-style-type: none">-Oxygen at 1.5 Liters via nasal cannula (a thin flexible tube that provides supplemental oxygen to patients through the nose via nasal prongs) continuous (delivered around the clock) every shift, start date 7/7/24-Clean concentrator filter every day shift, every Thursday AND as needed (PRN), start date 8/21/23 <p>Review of Resident #48's Treatment Administration Record for July 2024, indicated that the Resident's oxygen concentrator filter was cleaned on the following dates:</p> <ul style="list-style-type: none">-7/4/24-7/11/24-7/18/24-7/25/24 <p>On 8/1/24 at 9:28 A.M., the surveyor observed Resident #48 lying in bed with oxygen in use via nasal cannula. The surveyor also observed that the Resident's oxygen concentrator was dirty, with a thick layer of grey dust and two dried liquid spill stains with hair stuck to the spills on the top rear intake vent of the device.</p> <p>On 8/5/24 at 8:33 A.M., the surveyor observed that Resident #48's oxygen concentrator remained dirty with the thick layer grey dust and dried liquid spill stains with hair stuck to the spills on the top rear intake vent of the device.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 8/5/24 at 12:59 P.M., the surveyor and Unit Manager (UM) #1 observed Resident #48's oxygen concentrator in the Resident's room. UM #1 said the concentrator should have a filter on it, that the filter appears to be missing and there is a thick grey dusty coating on the area where the filter is supposed to be placed.</p> <p>During an interview on 8/5/24 at 1:48 P.M., the Respiratory Therapist (RT) said that Resident #48's oxygen concentrator did not require a filter and that the concentrator should have been cleaned every Thursday. The RT also said that she did not know the last time the oxygen concentrator had been cleaned and that it did not appear to have been cleaned recently.</p> <p>During an interview on 8/5/24 at 3:00 P.M., the Director of Nursing (DON) said that Resident #48's oxygen concentrator did not require a filter and an error had been made on the Physician's orders. The DON also said that the oxygen concentrators should be cleaned weekly and Resident #48's concentrator had not been cleaned.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42761</p> <p>Based on record review and interview, the facility failed to ensure that COVID-19 vaccination was offered and administered, according to professional standards, for two Residents (#101 and #100) out of five applicable residents, in a total sample of 24 residents.</p> <p>Specifically, the facility staff failed to:</p> <ol style="list-style-type: none">offer the COVID-19 vaccine to Resident #101 when the Resident had received previous doses of the COVID-19 vaccine, the COVID-19 vaccine was not medically contraindicated for the Resident, and the Resident was not up to date with his/her COVID-19 vaccinations.administer the COVID-19 vaccine to Resident #100 when the Resident had received previous doses of the COVID-19 vaccine, was not up to date with the COVID-19 vaccine and the Resident's Healthcare Proxy (HCP: individual identified to make medical decisions for someone who cannot make medical decisions for themselves) signed consent for the Resident to receive the COVID-19 vaccine. <p>Findings include:</p> <p>Review of the Centers for Disease Control and Prevention (CDC) guidelines titled Staying Up to Date with COVID-19 Vaccines, dated 7/3/23, indicated the following:</p> <ul style="list-style-type: none">-CDC recommends the 2023-2024 updated COVID-19 vaccines-Pfizer-BioNTech, Moderna, or Novavax - to protect against serious illness from COVID-19.-Everyone aged 5 years and older should get 1 dose of an updated COVID-19 vaccine to protect against serious illness from COVID-19.-People aged [AGE] years and older who received 1 dose of any updated 2023-2024 COVID-19 vaccine (Pfizer-BioNTech, Moderna or Novavax) should receive 1 additional dose of an updated COVID-19 vaccine at least 4 months after the previous updated dose.-People who are up to date have lower risk of severe illness, hospitalization and death from COVID-19 than people who are unvaccinated or who have not completed the doses recommended for them by CDC. <p>1. Resident #101 was admitted to the facility in November 2023, with diagnoses including Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory and loss of judgment) and personal history of COVID-19 infection.</p> <p>Review of Resident #101's clinical record indicated:</p> <ul style="list-style-type: none">-The Resident had been assigned a legal Guardian (a court appointed person who makes important personal and healthcare decisions for an adult who lacks the capacity to make their own decisions). <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER St Francis Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Plantation Street Worcester, MA 01604	
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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>-The Resident received COVID-19 vaccine doses, prior to his/her admission to the facility, on the following dates: 1/16/21, 2/6/21, 10/14/21, and 4/14/22.</p> <p>-No evidence that Resident #101 had been offered an updated 2023-2024 COVID-19 vaccine.</p> <p>-No evidence that an updated 2023-2024 COVID-19 vaccine was medically contraindicated for the Resident.</p> <p>During an interview on 8/2/24 at 10:48 A.M., the Staff Development Coordinator (SDC) said she oversaw vaccinations for the residents at the facility, that she would meet with residents and would contact Resident Representatives shortly after residents were admitted to the facility to offer COVID-19 vaccines. The SDC said Resident #101 was due for his/her first dose of the updated 2023-2024 COVID-19 vaccine when he/she was admitted to the facility in November 2023. The SDC said she could provide no evidence that an updated COVID-19 vaccine had been offered for Resident #101 because she had not contacted the Resident's Guardian to obtain consent.</p> <p>44337</p> <p>2. Resident #100 was admitted the facility in January 2024, with a diagnosis of Cerebral Infarction (Stroke: damage to tissues in the brain caused by blood clots, disrupted blood supply and restricted oxygen supply to the specific area).</p> <p>Review of Resident #100's clinical record indicated:</p> <p>-The Resident had an invoked Health Care Proxy (HCP).</p> <p>-The Resident had received COVID-19 vaccine doses, prior to his/her admission to the facility, on the following dates: 2/26/21, 3/27/21, and 11/9/21.</p> <p>-The Resident's HCP had signed a consent form on 12/1/23 for the administration of the COVID-19 vaccine.</p> <p>-No evidence the Resident had been administered an updated 2023-2024 COVID-19 vaccine.</p> <p>During an interview on 8/6/24 at 10:27 A.M., the Assistant Director of Nurses (ADON) said that Resident #100 should have received the updated 2023-2024 COVID-19 vaccine but he/she had not received the updated vaccine.</p>		