

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

Printed: 05/21/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225564	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Attleboro		STREET ADDRESS, CITY, STATE, ZIP CODE  969 Park Street Attleboro, MA 02703	
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 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services.  15214  Based on record review and interviews, the facility failed to ensure that dialysis services included ongoing, collaborative, and complete documentation of communication between the facility and dialysis center regarding the Resident's dialysis care and treatment for one Resident (#168), of a total sample of 23 residents.  Findings include:  Resident #168 was admitted in May 2024 with diagnoses which included end-stage renal disease (ESRD).  Review of the facility's policy titled Area of Focus: Dialysis, dated 11/23/2022, included but was not limited to the following:  General Guidelines:  -Assess for any signs/symptoms of infection, such as redness or edema at the vascular access site.  -Assess vascular access site for signs of clotting every 8 hours.  -Monitor for any complaints of pain or discomfort at vascular access site.  -Document in the clinical record: dialysis treatment completed, order changes, condition of shunt site, complaints from resident (if applicable), and physician and responsible party notification.  -Document any pertinent or relevant observations and information including compliance/non-compliance with food and fluid restrictions.  When:  Pre-Dialysis  -Any concerns are communicated to the resident/responsible party, physician, and dialysis facility, as appropriate.  Day of Dialysis:  (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225564	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Attleboro		STREET ADDRESS, CITY, STATE, ZIP CODE  969 Park Street Attleboro, MA 02703	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Check medications the resident is taking, especially blood pressure and cardiac medications</p> <p>-Initiate the Pre-/Post-Dialysis Communication Form to be sent to the dialysis clinic with the resident.</p> <p>Post-Dialysis:</p> <p>-Obtain vital signs of resident upon return from dialysis and complete the Pre-/Post-Dialysis Communication Form.</p> <p>-Follow routine dialysis instructions on dialysis transfer form.</p> <p>-Transcribe any diet, medication, and/or orders received with resident from the dialysis facility.</p> <p>-Monitor vascular access site on a routine basis. Notify physician if any unusual problems note (tenderness, bleeding).</p> <p>Post-Dialysis:</p> <p>-Obtain vital signs of resident upon return from dialysis.</p> <p>Review of the medical record indicated that Resident #168 went to the dialysis center every Monday, Wednesday, and Friday.</p> <p>Review of Resident #168's care plan for dialysis indicated for nursing to complete the Pre-/Post-Dialysis Communication Form on dialysis days.</p> <p>During an interview on 8/16/24 at 10:30 AM, Unit Manager (UM) #2 said that the Resident had an arteriovenous (AV) fistula in his/her left arm and that a care plan for dialysis was developed and included nursing to complete the Pre-/Post-Dialysis Communication Form on dialysis days.</p> <p>Review of Resident #168's Pre-/Post-Dialysis Communication Forms from 7/8/24 through 8/19/24 indicated there were 18 communications forms.</p> <p>Of the 18 Pre-/Post-Dialysis Communication Forms reviewed, 15 of the communication forms for the facility were incomplete and were missing information such as the condition of the access site, bruit and thrill (an assessment of the AV fistula function), vital signs, and/or the Resident's weight.</p> <p>Of the 18 Pre-/Post-Dialysis Communication Forms reviewed, 14 of the communication forms from the dialysis center were incomplete, but not limited to the following missing clinical information:</p> <p>The condition of the access site, vital signs, pre-/post-dialysis weights, type of vascular access/site, presence or absence of the bruit/thrill (assessment for AV fistula function).</p> <p>Further review of the dialysis center's Pre-/Post-Dialysis Communication Forms indicated that on 7/10/24, 7/17/24, 7/26/24, and 7/31/24, the communication forms were completely blank and lacked any of the required information pertaining to the Resident's care and treatment at the dialysis center.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225564	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Attleboro		STREET ADDRESS, CITY, STATE, ZIP CODE  969 Park Street Attleboro, MA 02703	
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 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	During an interview on 8/21/24 at 7:58 A.M., the Director of Nursing (DON) said that the facility nursing staff are responsible for making sure the Dialysis Communication Form is complete prior to the Resident leaving for dialysis. Upon return to the facility, nursing is responsible for ensuring the form is complete and contains all the required information from the dialysis center. The DON said that if the Resident returns from the dialysis center with an incomplete Dialysis Communication Form, nursing is responsible for calling the dialysis center to obtain the missing information. The DON reviewed the Dialysis Communication Forms, from both the facility and the Dialysis Center, from 7/8/24 to 8/19/24, for the Resident, and said that they were incomplete. She said she was not aware that the dialysis documentation on the Dialysis Communication Forms was not being completed in their entirety by the facility and the dialysis center. The DON said her expectation was that her staff must ensure that the dialysis paperwork is complete for both the facility and the dialysis center and that it include weights, treatment provided, vital signs, status of the IV access, etc. as outlined on the Dialysis Communication Form.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225564	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Attleboro		STREET ADDRESS, CITY, STATE, ZIP CODE  969 Park Street Attleboro, MA 02703	
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 0699  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>36542</p> <p>Based on interview and record review, the facility failed to assess a history of trauma and failed to assess for triggers to avoid potential re-traumatization for one Resident (#88) with a history of trauma, out of a total sample of 23 residents.</p> <p>Findings include:</p> <p>Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Trauma. SAMHSA-HRSA Center for Integrated Health Solutions. Substance Abuse and Mental Health Services Administration, 11/30/2016.</p> <p>Review of the facility's policy titled Trauma-Informed Care, dated as reviewed in 8/22/23, indicated the following:</p> <p>-The facility will use a multi-pronged approach to identify residents with PTSD (post-traumatic stress disorder) or history of trauma. The approach would include assessing the residents for indicators of trauma upon admission/re-admission and with change of condition.</p> <p>-The facility will use the Trauma Informed Care Assessment in the electronic medical record to assess the resident's experience of seventeen possible negative life events.</p> <p>-The facility should collaborate with the resident trauma survivors, and as appropriate, the resident's family, friends, and any other health care professionals to develop and implement an individualized plan of care.</p> <p>-In situations where a trauma survivor is reluctant to share his/her history, the facility should still attempt to identify triggers which may re-traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger for the resident.</p> <p>Resident #88 was admitted to the facility in June 2024 with a diagnosis of dementia.</p> <p>Review of the care plans indicated Resident #88 utilized an antidepressant medication related to anxiety and agitation as evidenced by calling out and had an isolated incident of being combative during care. Interventions included: attempt to redirect with conversation about the daughter; having family visits with daughter; behavioral health services.</p> <p>On 8/15/24 at 8:50 A.M., the surveyor observed Resident #88 in bed and the Resident was heard repeatedly calling out.</p> <p>On 8/15/24 at 1:53 P.M., the surveyor observed Resident #88 attending a small group activity and repeatedly calling out.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225564	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Attleboro		STREET ADDRESS, CITY, STATE, ZIP CODE  969 Park Street Attleboro, MA 02703	
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 0699  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Review of the nursing progress notes indicated Resident #88 was often calling out, restless, and agitated.</p> <p>Review of the electronic and paper medical record failed to include a psychosocial history or trauma assessment.</p> <p>During an interview on 8/20/24 at 10:15 A.M., Social Worker #1 said when residents are admitted to the facility, the social workers complete a psychosocial history and a trauma assessment. She said sometimes she completes the assessments on paper. She reviewed her soft file in the Social Service office for Resident #88 and found an undated paper Social Service Assessment. The Social Worker said Resident #88 was unable to answer some of the questions due to dementia and she could not remember if she had contacted the family to obtain the history. The Social Worker pulled a blank Trauma Assessment form out of the soft file and said she did not have a Trauma Assessment for Resident #88.</p> <p>Review of the undated Social Service Assessment did not include any information regarding if Resident #88 was assessed for a history of trauma.</p> <p>During an interview on 8/20/24 at 2:45 P.M., Social Worker #1 said she had reached out to the family of Resident #88. The family had indicated Resident #88 had a significant trauma history and did not like to discuss their trauma. She said, in addition, Resident #88 had experienced the loss of their child, who was also their care giver two years prior. The Social Worker said a Trauma Assessment should have been completed for Resident #88 during the admission process.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225564	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Attleboro		STREET ADDRESS, CITY, STATE, ZIP CODE  969 Park Street Attleboro, MA 02703	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>46862</p> <p>Based on record review and staff interviews, the facility failed to ensure that as needed (PRN) orders for psychotropic medications were limited to 14 days, unless otherwise documented by the attending physician or prescribing practitioner that it was appropriate to extend beyond 14 days for one Resident (#46), out of a total sample of 23 residents.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Psychotropic Medication Use, revision date 10/24/2022, indicated but was not limited to the following:</p> <p>-PRN psychotropic medications should be ordered for no more than 14 days. Each resident who is taking a PRN psychotropic drug will have his or her prescription reviewed by the physician or prescribing practitioner every 14 days.</p> <p>- For psychotropic medications, excluding antipsychotics, that the attending physician believes a PRN order for longer than 14 days is appropriate, the attending physician can extend the prescription beyond 14 days for the resident by documenting their rationale in the resident's medical record.</p> <p>- Where Physician/Prescriber orders a psychotropic medication for a resident, facility should ensure that the Physician/Prescriber has conducted a comprehensive assessment of the resident and has documented in the clinical record that the psychopharmacologic medication is necessary.</p> <p>Resident #46 was admitted to the facility in January 2021 with diagnoses including diabetes, anxiety, and dementia with agitation.</p> <p>Review of the Minimum Data Set (MDS) assessment, with a reference date of 7/17/24, indicated that Resident #46 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 5 out of 15.</p> <p>Review of the Physician's Orders indicated but was not limited to the following:</p> <p>-Lorazepam Intensol Oral Concentrate two milligrams/milliliter (ml) give 0.5 ml by mouth every one hours as needed for anxiety. (7/12/24)</p> <p>Further review of the Lorazepam PRN order failed to indicate a stop date or re-evaluation date as required.</p> <p>Review of July 2024 and August 2024 Medication Administration Records (MAR) indicated Lorazepam Intensol Oral Concentrate was administered as needed on 7/26/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225564	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Attleboro		STREET ADDRESS, CITY, STATE, ZIP CODE  969 Park Street Attleboro, MA 02703	
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 0758  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Further review of the medical record failed to indicate documentation that Resident #46's PRN order for Lorazepam was re-evaluated by the attending physician to determine that it was appropriate to extend beyond 14 days as required.</p> <p>During an interview on 8/21/24 at 8:17 A.M., Unit Manager #1 said Resident #46 had been admitted to Hospice. The Hospice company had an order set which included the use of PRN Lorazepam. Unit Manager #1 said all psychotropic PRN orders should be written for 14 days and then re-evaluated and extended if needed. Unit Manager #1 said she could not see any documentation that the physician had substantiated the continued use of Lorazepam PRN and extended the duration of use.</p> <p>During an interview on 8/21/24 at 10:27 A.M., the Director of Nurses (DON) said she had been made aware of the issue with the Lorazepam order for Resident #46 by Unit Manager #1. The DON said all psychotropic PRN medications, including Lorazepam, should be written for 14 days only and then re-evaluated with a documented rationale and a new duration date for evaluation.</p>		