Printed: 08/28/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2021	
NAME OF PROVIDER OR SUPPLIER Regalcare at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Princeton Boulevard Lowell, MA 01851		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0692	Provide enough food/fluids to maintain a resident's health.			
Level of Harm - Actual harm	37342			
Residents Affected - Few	Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was assessed at risk for weight loss, the Facility failed to ensure his/her weight remained stable, that weights were obtained as ordered by the Physician, and as a result Resident #1 experienced a weight loss of more than 20 pounds in a 30 day period of time, which was significant. Findings include: The Facility's Policy, titled, Weights and Heights, dated as revised on 6/01/21, indicated: -Residents would be weighed upon admission, then weekly for four weeks, and monthly thereafter. -Additional weights could be obtained at the discretion of the interdisciplinary care team. -Significant weight change was defined as: 5% in one month, or 10% in six months. Resident #1 was admitted to the Facility in June of 2021, diagnoses included Parkinson's disease, falls, and dementia.			
	Review of Resident #1's Nutrition Care Plan, dated 6/11/21, indicated, Resident #1 was at nutritional risk related to increased nutritional needs due to skin breakdown, likely inadequate oral intake, and needed a therapeutic diet for wound healing. Interventions included Resident #1 was to be weighed as ordered.			
	The Physician's Order, dated 6/05/21, indicated to obtain Resident #1's weights every Thursday for four weeks.			
	Resident #1 was therefore due to be weighed by nursing on 6/10/21, 6/17/21, 6/24/21, and 7/01/21.			
	Review of Resident #1's medical records indicated his/her weights were recorded as follows:			
	- 6/06/21 documented as 170 pounds			
	- 6/16/21 documented as 170.4 pounds.			
	- 7/01/21 documented as 170.2 pounds.			
	(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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0692	- 7/14/21 documented as 147.3 por	unds.			
Level of Harm - Actual harm	There was no documentation to support Resident #1's weight was obtained on 6/10/21, or 6/24/21.				
Residents Affected - Few					
	- 8/06/21 documented as 146.4 pounds.				
	There was no documentation to support that Resident #1's weights were obtained daily for seven days starting 8/06/21, as ordered by the Physician.				
	There are no documented weights for Resident #1 on 8/07/21, 8/08/21, 8/09/21, 8/10/21, 8/11/21, 8/12/21, or 8/13/21.				
	During an interview on 10/18/21 at 3:00 P.M., the Dietician said he was aware that Resident #1 had a significant weight loss, and said staff should have weighed and recorded his/her weight as ordered. The Dietician said that was how the Facility monitored whether Resident #1's plan of care was effective in helping to maintain her/her weight and prevent weight loss.				
	During an interview on 10/18/21 at 3:26 P.M., the Director of Nurses said Resident #1's weights should have been measured and recorded as ordered by the Physician.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER OR SUPPLIER Regalacare at Lowell STREET ADDRESS, CITY, STATE, ZIP CODE 30 Princeton Boulevard Lowell, MA 01851 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) Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 37342 Sased on records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to maintain a complete and accurate medical record, when nursing failed to obtained and record Resident #1's weights as cordered by the Physician. Findings include: The Facility's Policy, stilled, Weights and Heights, dated as revised £001/21, indicated weights would be documented in the electronic health record. Resident #1 was admitted to the Facility in June of 2021, diagnoses included Parkinson's disease. falls, and dementia. Resident #1's Physician's Order, dated £005/21, indicated weights were recorded as follows: - 6/08/21 documented as 170.2 pounds. - 7/14/21 documented as 180.27.1, indicated nursing to obtain daily weights for seven days, then monthly. Review of Resident #1's Physician's Order, dated £006/21, indicated nursing to obtain daily weights for seven days, then monthly. Review of Resident #1's Physician's Order, dated £006/21, indicated nursing to obtain daily weights for seven days, then monthly. Review of Resident #1's Medical Record indicated his/her weights were recorded as follows: - 806/21 documented as 146.3 pounds. - 806/21 documented as 146.4 pounds. - 806/21 documented as 146.4 pounds. - 806/21 documented as	AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 225511 NAME OF PROVIDER OR SUPPLIER Regalcare at Lowell A. Building B. Wing COMPLETE 10/18/2021 STREET ADDRESS, CITY, STATE, ZIP CODE 30 Princeton Boulevard Lowell, MA 01851				
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