Printed: 08/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2021
NAME OF PROVIDER OR SUPPLIER Regalcare at Glen Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Murray Street Medford, MA 02155	
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 0656 Level of Harm - Actual harm Residents Affected - Few	(Each deficiency must be preceded by full regulatory or LSC identifying information) Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.		

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 225523

If continuation sheet Page 1 of 4

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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 0656 Level of Harm - Actual harm Residents Affected - Few	The Facility's Internal Investigation Summary, dated 7/15/21, indicated that at 8:30 P.M., on 7/15/21, CNA #1 was providing care to Resident #1 in bed, and when she rolled Resident #1 towards his/her left side, Resident #1 slid off the mattress onto the floor, sustained a right knee fracture, and required admission to the Hospital.				
residence / moded i rew	Review of CNA #1's written statement, dated 7/15/21, indicated that while she was providing care for Resident #1 in his/her bed, Resident #1 was laughing and jovial, and was moving around in the bed, and when she rolled Resident #1 in the bed, he/she fell off the side of the bed and onto the floor.				
	CNA #1 was not available to be interviewed at the time of this survey.				
	Review of Resident #1's Hospital History and Physical, dated 7/16/21, indicated Resident #1 was admitted to the Hospital on 7/16/21 with diagnosis of right distal femur (knee) fracture as the result of a fall.				
	During interview on 8/16/21 at 3:40 P.M., Nurse #1 said that on 7/15/21, CNA #1 told him t was on the floor. Nurse #1 said he went to Resident #1's room and saw him/her lying on hi floor, and he/she was complaining of right knee pain. Nurse #1 said CNA #1 told him that v care for Resident #1, she had rolled him/her onto his/her side facing away from her, and R the opposite side of the bed.				
	During interview on 8/16/21 at 9:46 A.M., the Director of Nurses said CNA #1 should have had a sec member with her to provide care to Resident #1.				

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Residents Affected - Few Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who required an assist of two staff members with bed mobility, the Facility failed to ensure his/her safety was maintained to prevent incidents or accidents resulting in an injury, when on 77/1521, Certified Nurse Aide (CNA) #1 rolled Resident #1 over in his/her bed without assistance from another staff member, resulting in him/her falling off the bed, sustaining a right knee fracture, was transferred and admitted to the Hospital. Findings include: Review of the Facility's Policy, titled, Accidents and Incidents, dated 5/02/18, indicated an incident was defined as any occurrence not consistent with the routine operation of the center or normal care of the resident. Review of Resident #1's Medical Record indicated he/she was admitted to the Facility in December 2016, diagnoses included history of stroke with hemiplegia (paralysis of half of the body) of the left side, and dementia. Review of Resident #1's Quarterly Minimum Data Set assessment, dated 4/23/21, indicated Resident #1 required extensive assistance of two or more staff for bed mobility. Review of Resident #1's Licensed Nursing Summaries, dated 5/26/21 and 6/27/21, indicated Resident #1 was essentially helpless, had decreased strength and endurance, contractures, and required assist of two staff members for repositioning in bed. Review of Resident #1's Lift Transfer Reposition assessment, dated 8/01/21, indicated Resident #1 required extensive assistance of two staff members for bed mobility. Review of Resident #1's Activities of Daily Living Care Plan, dated as revised on 7/07/21, indicated he/she required extensive assistance of two staff members for bed mobility. Review of Resident #1's Radiology Report, dated 7/15/21, indicated there was an acute fracture of his/her right distal femur (bone at the top of the knee joint). The Facility's Internal Investigation Summary, dated 7/15/21, indicated that at 8:30 P.M., on 7/15/21, C					
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Printed: 08/24/2024 Form Approved OMB No. 0938-0391

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2021
NAME OF PROVIDER OR SUPPLIER Regalcare at Glen Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Murray Street Medford, MA 02155	
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0689 Level of Harm - Actual harm Residents Affected - Few	Resident #1 in his/her bed, Resident when she rolled Resident #1 over in CNA #1 was not available to be into Review of Resident #1's Hospital H the Hospital with diagnosis of right During interview on 8/16/21 at 3:40 was on the floor. Nurse #1 said he floor, and was complaining of right for Resident #1, she had rolled him opposite side of the bed.	listory and Physical, dated 7/16/21, incidistal femur (knee) fracture as the result. P.M., Nurse #1 said that on 7/15/21, went to Resident #1's room and saw high knee pain. Nurse #1 said CNA #1 told her onto his/her side facing away from 6 A.M., the Director of Nurses said CNA.	moving around in the bed, and bed and onto the floor. licated Resident #1 was admitted to alt of a fall. CNA #1 told him that Resident #1 im/her lying on his/her back on the him that while she provided care in her, and Resident #1 fell off the