

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225455	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER CRANEVILLE PLACE REHABILITATION & SKILLED CARE CT		STREET ADDRESS, CITY, STATE, ZIP 265 MAIN STREET DALTON, MA 01226	
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 0580 Level of harm - Actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to ensure the Physician was notified immediately when there was a need to obtain a new treatment for [REDACTED]. Findings include: Review of the Facility policy titled, Change in a Resident's Condition or Status, dated 2/28/17, indicated that the Charge Nurse or Nursing Supervisor will notify the Physician when there has been a significant change in the resident's physical condition. The Policy indicated the Nurse will record in the resident's medical record information relative to the changes in the resident's physical condition. Resident #1 was admitted to the Facility in July 2017, [DIAGNOSES REDACTED]. Review of Resident #1's admission Minimum Data Set (MDS), dated [DATE], indicated that Resident #1 was severely cognitively impaired, exhibited no behaviors, required extensive assistance of two staff for bed mobility and transfers, was impaired for range of motion on one side of the body and was at risk for pressure ulcers or injury. Review of the Resident #1's Skin Assessments, dated 7/8/20 and 7/15/20, indicated there were no new skin conditions or changes, or injuries. The Facility's Investigation, dated 7/21/20, indicated that on 7/18/20 at 6:00 P.M., when Resident #1 returned from the [MEDICAL TREATMENT] Center, there was a new dressing on his/her left heel. During an interview on 9/2/20 at 11:20 A.M., Nurse #1 said on 7/18/20 at approximately 5:00 P.M., Resident #1's Family Member called and said she was informed at the [MEDICAL TREATMENT] Center that Resident #1 had an area of skin breakdown (pressure injury) on his/her left heel. Nurse #1 said when Resident #1 returned from the [MEDICAL TREATMENT] Center on 7/18/20 at 6:00 P.M., she remove the left heel dressing and said the left heel did not look good, and that the outer layer of skin had been removed. Nurse #1 said she had requested that the Supervisor look at his/her heel, but the Supervisor was too busy. Nurse #1 said she meant to call the physician to notify him of Resident #1's heel and to obtain an order for [REDACTED].#1's clinical record indicated there was no documentation to support that the Facility notified the Physician of Resident #1's pressure injury on 7/18/20 or that they obtained an order for [REDACTED]., Nurse #2 said on 7/18/20 at 11:00 P.M. during the change of shift report, Nurse #1 told her that Resident #1's Family Member had called the Facility and was concerned regarding an area on Resident #1's left heel. Nurse #2 said Nurse #1 had said that the Supervisor had assessed the area, and that heel booties had been applied for offloading the heels. Review of Nurse #2's Progress Note, dated 7/19/20 at 3:47 A.M., indicated Resident #1 was turned and positioned every two hours to aide in offloading with the bilateral heel booties. Review of Resident #1's Physician's Orders, dated 7/17/20 through 7/20/20, indicated there were no orders for a treatment to Resident #1's pressure injury for his/her the left heel. Review of Resident #1's Treatment Administration Record (TAR), dated 7/17/20 through 7/20/20, indicated there were no treatments completed to Resident #1's pressure injury on his/her left heel. The Facility Wound Assessment Record, dated 7/21/20, indicated Resident #1 had a new left heel pressure injury, stage 2 (a partial thickness injury), which measured 3 centimeters (cm) in length by 2.5 cm in width (with no measurement for depth), the wound bed was pink, the wound edges appeared macerated with serous drainage, and that Resident #1 had pain associated to the wound (pressure injury). Further review of Resident #1's clinical record indicated that on 7/21/20, three days after the pressure injury was first observed on Resident #1's left heel by [MEDICAL TREATMENT] staff and reported to the Facility by a family member, the physician was then notified, and a treatment order was obtained. During an interview on 9/2/20 at 8:15 A.M., the Director of Nurses said that Resident #1 had a pressure injury, and that on 7/18/20, after Nurse #1 removed the left heel dressing she did not follow the policy for physician notification.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.