

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225643	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER OVERLOOK MASONIC HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 88 MASONIC HOME ROAD PO BOX 1000 CHARLTON, MA 01507	
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 - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records reviewed, for one of three sampled residents (Resident #1), who required the assistance of two staff members for transfers, the Facility failed to ensure that interventions identified in his/her Comprehensive Plan of Care related to transfers were implemented and followed. On 7/9/20, Certified Nurse Aide (CNA) #1 transferred Resident #1 from his/her wheelchair into his/her bed and his/her leg scraped the bedside which caused a laceration that required seven sutures to close. Findings include: The Facility's Investigation, dated 7/9/20, indicated that Certified Nurse Aide (CNA) #1 transferred Resident #1 from his/her wheelchair into his/her bed. The Investigation indicated that Resident #1's leg caught on the bed rail and caused a skin laceration which required seven sutures to close. The Resident Incident Investigation Report, dated 7/9/20, indicated that staff members were re-educated that Resident #1 required two staff members to assist him/her with all Activities of Daily Living (ADL) and transfers. Resident #1 was admitted to the Facility in December 2019, [DIAGNOSES REDACTED]. The Occupational Therapy (OT) Evaluation and Plan of Treatment, dated 6/19/20, indicated that Resident #1 began OT on 6/18/20, due to difficulty with functional transfers and history of falls on 6/6/20 and 6/14/20. Resident #1's Quarterly Minimum Data Set, dated [DATE], indicated that he/she required limited assistance from two staff members during a transfer. Resident #1's Plan of Care, dated 6/25/20, indicated he/she required two staff members to assist with ambulation, transfers, and bed mobility. During an interview on 8/10/20, at 3:45 P.M., the Charge Nurse said that Resident #1's Plan of Care was updated with new interventions that indicated he/she required two staff members with transfers due to his/her behaviors such as increased anxiety, weakness and a tendency to buckled his/her knees. During an interview on 8/11/20, at 5:20 P.M., CNA #1 said that Resident #1 was not typically on his/her care assignment but he helps him/her with care as needed. CNA #1 said that on 7/9/20, he assisted Resident #1 with a transfer which resulted in an injury. CNA #1 said that after the incident, he looked at the Resident #1's medical record and saw that he/she required two staff members to assist him/her during a transfer.		
F 0689 Level of harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records reviewed, for one of three sampled residents (Resident #1), who required the assistance of two staff members for transfers, the Facility failed to ensure that he/she was provided with adequate assistance to prevent accidents or injury, when on 7/9/20, Certified Nurse Aide (CNA) #1 transferred Resident #1 alone and he/she sustained a laceration to his/her leg which required seven sutures to close. Findings include: The Facility's Investigation, dated 7/9/20, indicated that, Certified Nurse Aide (CNA) #1 transferred Resident #1, who's Comprehensive Plan of Care indicated two staff members were needed when assisting him/her with a transfer, from his/her wheelchair into his/her bed. The Investigation indicated that Resident #1's leg caught on the bed rail and caused a skin laceration which required seven sutures to close. Resident #1 was admitted to the Facility in December 2019, [DIAGNOSES REDACTED]. The Occupational Therapy (OT) Evaluation and Plan of Treatment, dated 6/19/20, indicated that Resident #1 began OT on 6/18/20, due to difficulty with functional transfers and history of falls on 6/6/20 and 6/14/20. Resident #1's Quarterly Minimum Data Set, dated [DATE], indicated that he/she required limited assistance from two staff members during a transfer. Resident #1's Plan of Care, dated 6/25/20, indicated he/she required two staff members to assist with ambulation, transfers, and bed mobility. During an interview on 8/10/20 at 3:45 P.M., the Charge Nurse said that on 7/9/20, Resident #1 was in the dining room and he/she was yelling and uncontrollably crying, and said CNA #1 assisted Resident #1, who was in a wheelchair, out of the dining room and transported him/her back into his/her room. The Charge Nurse said that a staff member notified her that Resident #1 was hurt and bleeding, and CNA #1 needed help. The Charge Nurse said Resident #1 was transferred to the hospital following the incident. The Hospital Record, dated 7/9/20, indicated that Resident #1 presented to the Emergency Department with a skin tear which was dressed and his/her laceration was repaired with sutures. During an interview on 8/11/20, at 5:20 P.M., CNA #1 said that Resident #1 was not typically on his/her care assignment but he helps him/her with care as needed. CNA #1 said that on 7/9/20, he assisted Resident #1 with a transfer which resulted in an injury. CNA #1 said that after the incident, he looked at the Resident #1's medical record and saw that he/she required two staff members to assist him/her during a transfer.		
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.