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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225654 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/06/2020 |
| NAME OF PROVIDER OF SUPPLIER BENJAMIN HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 120 FISHER AVENUE BOSTON, MA 02120 | |
| 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 0725 Level of harm - Actual harm Residents Affected - Few | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on records reviews and interviews, for three of three nursing units (1 West, 2 East and 2 West), the Facility failed to ensure they maintained sufficient nursing staff levels to provide for and meet resident care needs in accordance with their individualized plans of care when residents, who were continent at baseline, complained of unusually long wait time for staff to respond to call lights that resulted in episodes of incontinence which was upsetting to them and staff reported that due to short staffing they were unable to provide care to all residents on their unit on more than once occasion. Findings include: Review of Facility's monthly Resident Council Minutes, dated from January 2020 through July 2020, indicated that at all seven of the monthly meetings conducted during the referenced time range, residents shared with facility staff their concerns of low staffing levels, that there were not enough Certified Nurse Aides (CNAs) to assist them with care needs and staff response times to call lights was too long. During an interview on 08/07/20 at 11:15 A.M., the Ombudsman said that had residents had complained to her in the past few weeks of low staffing levels in the facility. The Ombudsman said that there have been times when residents who normally use a bedside commode to maintain continence, but needed staff assistance with transfers, had complained they experienced incontinence episodes because staff were not available to assist them in a timely manner. During an interview on 8/06/20 at 3:25 P.M., Resident #4 (who is alert, oriented, able to make his/her needs known, is wheelchair dependent and continent of bowel and bladder), said that on 07/26/20 he/she called for assistance with toileting and that it took staff more than an hour to respond. Resident #4 said he/she suffered an episode of incontinence that day because he/she waited too long for assistance with his/her toileting needs. Resident #4 said he/she was emotionally upset and embarrassed because of this. Resident #4 said there was only one CNA assigned to provide care for the entire unit that day. Resident #4 said he/she complained the DON about the staffing. During an interview on 08/06/20 at 2:35 P.M., CNA #3 said that on 7/26/20 for the 7:00 A.M. to 3:00 P.M. shift, she was the only CNA assigned to work with two Nurses on Unit 2 West, to care for a total of 30 residents. CNA #3 said she tried to provide care to all of the residents, but said it was rushed. CNA #3 said although the nurse helped with meal trays, said she did not get any assistance from another staff member with toileting, transfers and repositioning of residents, even if the resident required staff assist of two. CNA #3 said she was concerned because she was unable to provide any care to three residents on the unit that day and said she told the DON about her concerns. During an interview on 08/06/20 at 2:40 P.M., CNA #4 said that on 07/26/20 for the 7:00 A.M. to 3:00 P.M. shift, he was the only CNA assigned to work with two Nurses on Unit 2 East to care for a total of 36 residents. CNA #4 said he did not get any assistance from any other staff members. CNA #4 said he unable to get some residents out of bed that day, as required by their plan of care, because he could not do it alone. During an interview on 08/06/20 at 1:30 P.M., CNA #2 said twice in the past six weeks for the 7:00 A.M. to 3:00 P.M. shift he as the only CNA assigned to work with two Nurses on Unit 1 West, to care for a total of 38 residents. CNA #2 said the nurses were only able to provide minimal support passing meal trays. CNA #2 said low staffing levels has negatively impacted the quality of care he provides to residents, because he can not provide assistance to residents with toileting and repositioning needs in a timely manner, especially for those residents that require two staff members assistance during care. During an interview on 08/05/20 at 1:10 P.M., the Director of Nurses (DON) said that the Facility's staffing was low for the 3:00 P.M. to 11:00 P.M. shift, that day. The DON said that the Facility was usually able to fill staffing shortages. Although the DON said the Facility got the shifts with low staffing levels filled, review of the Facility staffing schedules 'as worked' and resident/staff interviews indicated that there continued to be insufficient staffing levels to provide care and adequately meet resident care needs in accordance with residents' individualized plan of care on 16 out of 36 days from 07/01/20 through 08/05/20. Review of the Facility's Unit Staffing Schedules indicated the number of Nurses and Certified Nurse Aides (CNA) needed on each unit daily to meet the needs of the residents was as follows: 7:00 A.M. to 3:00 P.M. shift, staffing schedule indicated 2 Nurses and 4 CNAs, for each unit. 3:00 P.M. to 11:00 P.M. shift, staffing schedule indicated 1 Nurse and 3 CNAs, for each unit. 11:00 P.M. to 7:00 A.M. shift, staffing schedule indicated 1 Nurse and 2 CNAs, for each unit. Review of the Facility resident roster sheets for Unit 1 West indicated there was a total census of 38 residents, of which twelve residents were totally dependent and required the assistance of two (or more) staff members for care. Review of the Facility resident roster for 2 East indicated there was a total census of 36 residents, of which twelve residents were totally dependent and required the assistance of two (or more) staff members for care. Review of Facility resident roster for 2 West indicated there was a total census of 31 residents, of which seven residents were totally dependent and required the assistance of two (or more) staff members for care. Review of Facility schedules 'as worked' from 07/01/20 through 08/06/20 indicated the following: - 07/01/20 on Unit 2 East for the 11:00 P.M. to 7:00 A.M. shift, there was only one Certified Nurse Aide (CNA) and one Nurse assigned to care for a total of 31 residents. - 07/04/20 on Unit 2 East for the 11:00 P.M. to 7:00 A.M. shift, there was only one CNA and one Nurse assigned to care for a total of 36 residents. - 07/12/20 on Unit 1 West for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care total of 38 residents; - 07/12/20 on Unit 2 West for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for a total of 31 residents. - 07/18/20 on Unit 2 East for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for a total of 36 residents. - 07/19/20 on Unit 1 West for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for a total of 31 Residents. - 07/24/20 on Unit 2 West for the 7:00 A.M. to 3:00 P.M. shift, there were only three CNAs and one Nurse assigned to care 31 residents. - 07/24/20 on Unit 1 West for the 11:00 P.M. to 7:00 A.M. shift, there was only one CNA and one Nurse assigned to care for a total of 38 residents. - 07/25/20 on Unit 1 West for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for 38 residents. - 07/25/20 on Unit 2 East for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for a total of 36 residents. - 07/26/20 on Unit 1 West for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for 38 residents. - 07/26/20 On Unit 2 East for the 7:00 A.M. to 3:00 P.M. shift, there was only one CNA and two Nurses assigned to care a total of 36 residents. - 07/26/20 On Unit 2 West for the 7:00 A.M. to 3:00 P.M. shift, there was only one CNA and two Nurses assigned to care for a total of 31 residents. - 07/27/20 on Unit 2 West for the 11:00 P.M. to 7:00 A.M. shift, there was only one CNA and one Nurse assigned to care for a total of 31 residents. - 08/01/20 on Unit 1 West for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for a total of 38 residents. - 08/02/20 on Unit 1 West for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for a total 38 residents. - 08/02/20 on Unit 2 East for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for a total of 36 residents. - 08/02/20 on Unit 2 West for the 7:00 A.M. to 3:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for a total of 31 residents. - 08/03/20 on</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.

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| F 0725 Level of harm - Actual harm Residents Affected - Few | <p>(continued... from page 1)</p> <p>Unit 1 West for the 11:00 P.M. to 7:00 A.M. shift, there was only one CNA and one Nurse assigned to care for 38 residents.</p> <p>- 08/03/20 on Unit 2 East for the 3:00 P.M. to 11:00 P.M. shift, there were only two CNAs and two Nurses assigned to care a total of 36 residents. - 08/03/20 on Unit 2 West for the 3:00 P.M. to 11:00 P.M. shift, there were only two CNAs and two Nurses assigned to care for 31 residents. - 08/03/20 on Unit 2 West for the 11:00 P.M. to 7:00 A.M. shift, there was only one CNA and one Nurse assigned to care for a total of 31 residents. - 08/04/20 on Unit 1 West on the 11:00 P.M. to 7:00 A.M. shift, there was only one CNA and one Nurse assigned to care for a total of 38 residents.</p> | | |
| F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on records reviewed and interviews for two of three sampled residents (Resident #1 and Resident #2), the facility failed to ensure they maintained complete and accurate clinical records including but not limited to documentation in the Medication Administration Record, [REDACTED]. Findings include: 1). Resident #1 was admitted to the Facility in February 2003, [DIAGNOSES REDACTED]. Review of Resident #1's medical record included a Physician's Medical Summary, dated 8/12/2020, which indicated an active written Physician Medical order, dated 11/16/15, Apply left leg brace in the morning (8:00 A.M. for [MEDICATION NAME]) and remove at bedtime (8:00 P.M. per schedule). Review of Resident #1's TAR, dated 6/1/20 through 8/4/20, indicated nursing staff were to apply a brace to his/her left leg in the A.M. and remove the brace off his/her leg in the P.M. During an interview on 8/13/20 at 1:25 P.M., the Rehabilitation Director said Resident #1 has not had a left brace applied to his/her leg for at least one year and said it may be even longer than a year. During an interview on 8/13/20 at 1:46 P.M., Nurse #5 said she is the primary nurse for Resident #1 and she has not applied a left leg brace in the A.M. to his/her leg. Nurse #5 said she has not seen Resident #1's leg brace and he/she has been wearing bilateral booties. Nurse #5 said she does not know why the Treatment Administration Record indicated to apply a left leg brace in the morning and remove at bedtime. Nurse #5 said she does sign off for the treatment indicated that the brace is being applied, but said she has not placed a left leg brace on Resident #1. Review of Resident #1's TAR indicated nursing staff were documenting daily that the brace is being applied in the A.M. and being removed at bedtime, however based on interviews nursing staff had not applied the leg brace for at least over a year. During an interview on 8/17/20 at 9:12 A.M., the Director of Nursing said it is the responsibility of the nurse to call the Physician to discuss any changes and have the medication/treatment discontinued. During an interview on 8/12/20 at 10:53 A.M., the Director of Nursing said the Medication Administration Record, [REDACTED]. The Director of Nursing said the expectation of the nursing staff is to utilize the chart codes listed on the documentation form to indicate the residents' status such as the resident being in the hospital, refusing the treatment or not in the building. The Director of Nursing said if the MAR indicated [REDACTED]. Review of Resident #1's Medication Administration Record [REDACTED].M. FS 11:30 A.M. site 4:30 P.M. site Hold [MEDICATION NAME] ([MEDICATION NAME]) if finger stick is below 80, one entry left blank; 6/30/20 at 11:30 A.M. - Monitoring Input and Output, five entries left blank during the day shift (7:00 A.M. to 3:00 P.M.); 6/11/20, 6/23/20, 6/26/20, 6/30/20 and 7/3/20. - [MEDICATION NAME] Solution 100 UNIT/ML Inject per sliding scale, two entries left blank; 6/30/20 at 11:30 A.M. and 7/3/20 at 11:30 A.M. - Record meals intake Breakfast, Lunch, and Dinner, two entries left blank; 7/3/20 at 9:00 A.M. and 1:00 P.M. Review of Resident #1's Treatment Administration Record (TAR), dated 6/1/20 through 6/30/20, indicated there were 30 scheduled treatment entries left blank, which included the following: - Diabetic foot care at bedtime, two entries left blank; 6/2/20 at 9:00 P.M. and 6/12/20 at 9:00 P.M. - May change leg bag to CD bag at bedtime 3:00 P.M. to 11:00 P.M. shift, two entries left blank during the evening shift (3:00 P.M. to 11:00 P.M.); 6/2/20 and 6/12/20. - Booties on at all time when in bed, four entries left blank; 6/2/20 (3:00 P.M. to 11:00 P.M.), 6/7/20 (11:00 P.M. to 7:00 A.M.), 6/12/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Check genital opening area for sign and symptoms of infection every shift, four entries left blank; 6/2/20 (3:00 P.M. to 11:00 P.M.), 6/7/20 (11:00 P.M. to 7:00 A.M.), 6/12/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Monitor for signs and symptoms for Hypo/[MEDICAL CONDITION] every shift, four entries left blank; 6/2/20 (3:00 P.M. to 11:00 P.M.); 6/7/20 (11:00 P.M. to 7:00 A.M.), 6/12/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Privacy bag to be used with CD bag every shift, four entries left blank; 6/2/20 (3:00 P.M. to 11:00 P.M.); 6/7/20 (11:00 P.M. to 7:00 A.M.), 6/12/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Skin Topical Treatment-Apply skin prep to left exterior ankle every shift for [MEDICATION NAME], four entries left blank; 6/2/20 (3:00 P.M. to 11:00 P.M.); 6/7/20 (11:00 P.M. to 7:00 A.M.), 6/12/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Wean oxygen to 0.5 liters to keep oxygen level greater 95%, four entries left blank; 6/2/20 (3:00 P.M. to 11:00 P.M.); 6/7/20 (11:00 P.M. to 7:00 A.M.), 6/12/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). Review of Resident #1's Activities Daily of Living Documentation (ADL), dated 6/1/20 through 8/4/20, indicated an significant amount of entries left blank, which included the following: - Bathing - June six entries left blank, July ten entries left blank, and August one entry left blank. - Bed mobility - June six entries left blank, July 10 entries left blank, and August one entry left blank. - Dressing - June four entries left blank, July six entries left blank, and August one entry left blank. - Locomotion off unit - June four entries left blank, July six entries left blank, and August one entry left blank. - Locomotion on unit - June four entries left blank, July six entries left blank, and August one entry left blank. - Personal hygiene - June four entries left blank, July six entries left blank, and August one entry left blank. - toilet use - June six entries left blank, July 10 entries left blank, and August one entry left blank. -Transferring - June six entries left blank, July 10 entries left blank, and August one entry left blank. -Walk in corridor - June four entries left blank, July six entries left blank, and August one entry left blank. -Walk in room - June four entries left blank, July six entries left blank, and August one entry left blank. - Bladder elimination - June six entries left blank, July 10 entries left blank, and August one entry left blank. - Bowel elimination - June six entries left blank, July 10 entries left blank, and August one entry left blank. - Decubitus prevention - June six entries left blank, July 10 entries left blank, and August one entry left blank. - Monitor behavior symptoms - June six entries left blank, July 10 entries left blank, and August one entry left blank. - Monitor chair pressure relieving surface - June six entries left blank, July 10 entries left blank, and August one entry left blank. - Meals - June seven entries left blank, July nine entries left blank, and August one entry left blank. -Nutrition-Snacks - June seven entries left blank, July 10 entries left blank, and August one entry left blank. - Turn and Reposition - June 19 entries left blank, July 28 entries left blank, and August four entries left blank. 2). Resident #2 was admitted to the Facility in February 2014, [DIAGNOSES REDACTED]. Review of Resident #2's Medication Administration Record [REDACTED].M. to 3:00 P.M.), one entry left blank; 7/7/20 (7:00 A.M. to 3:00 P.M.). -Monitor - temperature, pulse, lung sounds, blood pressure, temperature, pulse, respiratory rate, and oxygen level every day (7:00 A.M. to 3:00 P.M.) and evening (11:00 P.M. to 7:00 A.M.), one entry left blank; 7/13/20 (7:00 A.M. to 3:00 P.M.). Review of Resident #2's Treatment Administration Record (TAR), dated 6/1/20 through 7/31/20, indicated 21 scheduled treatment entries left blank, which included the following: - Diabetic foot care at bedtime, one entry left blank; 6/9/20 at 9:00 P.M. - House protocol lotion to bilateral legs daily at bedtime for dry skin, one entry left blank; 6/9/20 at 9:00 P.M. - Out of bed and attend exercise group daily in A.M. and afternoon activity every day (7:00 A.M. to 3:00 P.M.) and evening (3:00 P.M. to 11:00 P.M.) shift per HCP request, one entry left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.). - Elevate left leg and keep off mattress when in bed every evening (3:00 P.M. to 11:00 P.M.) and night (11:00 P.M. to 7:00 P.M.), two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). -Warm pack to back two times a day for pain, one entry left blank; 6/9/20 at 9:00 P.M. -Encourage fluids every shift to prevent dehydration, two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - House barrier to buttocks every shift, two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Keep soft blue boots on right foot at all times, two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Monitor for blood in stool every shift, two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Monitor for signs of hypo/[MEDICAL CONDITION] every shift, two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Aspiration precautions every shift [MEDICATION NAME], two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Skin topical treatment-Apply skin prep to both heals every shift for wound healing, two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Zinc Oxide Paste 25% Apply to buttocks topically every shift for wound healing, two entries left blank; 6/9/20 (3:00 P.M. to 11:00 P.M.) and (11:00 P.M. to 7:00 A.M.). - Weekly skin Assessment on Thursday, one entry left blank; 7/9/20 (7:00 A.M. to 3:00 P.M.). Review of Resident #2's Activities Daily of Living Documentation (ADL), dated 6/1/20 through 8/4/20, indicated an significant amount of shifts</p> | | |

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