

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER FAIRHAVEN HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 476 VARNUM AVENUE LOWELL, MA 01854	
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 F 0689	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record reviews and interviews for two of three sampled residents (Resident #1 and Resident #2), the Facility failed to ensure appropriate safety measures were implemented by staff to prevent residents from [MEDICAL CONDITION] being served and left unsupervised or unassisted by staff with hot liquids. - On 03/21/20 Resident #1, who required continual supervision with eating and drinking, was left unsupervised by staff, he/she spilled a cup of hot coffee onto himself/herself and sustained second [MEDICAL CONDITION](burn that involves the outer layer of skin and part of the inner layer) to the left upper arm and left breast. - On 03/11/20, a staff member heated water in a styrofoam cup in the unit microwave, gave the cup of hot water to Resident #2 without a lid on it and also did not check the temperature of the water before serving it to Resident #2, the hot water spilled from the cup and Resident #2 sustained second [MEDICAL CONDITION] his/her right foot. Findings include: 1. Review of the report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 3/24/20, indicated that on 3/21/20 Certified Nurse Aide #1 gave Resident #1 a hot cup of coffee in a styrofoam cup, Resident #1 spilled the coffee and sustained a reddened area to his/her left breast with a fluid filled blister noted. The Report indicated the reddened area measured 4.2 centimeters (cm) x 3.0 cm, blistered area measured 3.5 cm x 2.1 cm and Resident #1 to be treated with [MEDICATION NAME] cream twice a day to blistered areas for seven days and then be re-evaluated. Review of Resident #1's Nursing Progress Note, dated 03/21/20 at 10:22 P.M., indicated he/she spilled hot coffee onto himself/herself while in bed and sustained fluid filled blisters to the left upper arm and left breast. Review of Resident #1's Nursing Progress Note, dated 03/26/20 at 09:07 A.M., indicated the Wound Doctor noted a second degree burn measuring 4.2 cm x 1.1 cm on the left breast. Review of Resident #1's Nursing Progress Note, dated 04/02/20 at 01:59 P.M., indicated the Wound Doctor noted second [MEDICAL CONDITION] 5.5 cm by 7.4 cm by 0.1 cm on the left inner upper arm. Review of Resident #1's Admission Record indicated, [DIAGNOSES REDACTED]. Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 02/04/20, indicated he/she had modified independence with cognitive skills for daily decision making, required setup help with supervision when eating and drinking, and had one sided upper extremity limited in range of motion that interfered with daily functions or placed him/her at risk of injury. Review of Resident #1's Care Plan for Activities of Daily Living, indicated he/she required continual supervision, group ratio 1:8, for assistance with meals. Review of Resident #1's Certified Nurse Aide (CNA) Resident Care Plan, dated 01/28/20, indicated he/she required continual supervision (ratio of 1:8) feeding group with eating. During an interview on 07/31/20 at 01:05 P.M., CNA #1 said on 03/21/20 at approximately 08:45 A.M. she entered Resident #1's bedroom with his/her breakfast tray which contained a cup of coffee. CNA #1 said while Resident #1 was laying in bed, she raised the head of the bed to properly position him/her to eat independently. CNA #1 said she ensured covers were removed from the food and drinks, including the coffee. CNA #1 said coffee was served in the standard coffee cup. CNA #1 said brought over the bed table in front of Resident #1 to ensure he/she could reach the coffee and food on the breakfast tray and left the bedroom. CNA #1 said she thought Resident #1 did not require constant one to one supervision, and had intended to return every five to ten minutes to check on him/her. CNA #1 said a few minutes after leaving Resident #1's bedroom, she heard yelling, and immediately reentered Resident #1's bedroom. CNA #1 said Resident #1 had spilled his/her coffee under his/her breast. During an interview on 07/24/20 at 10:45 A.M., Nurse #1 said coffee was poured from a carafe provided by the kitchen. Nurse #1 said the nurses and CNA's do not reheat the coffee. Nurse #1 said she saw CNA #1 enter Resident #1's bedroom to give him/her a cup of coffee and leave the bedroom. Nurse #1 said approximately five to ten minutes later, she heard Resident #1 yelling from his/her bedroom. Nurse #1 said she immediately entered the bedroom and saw that Resident #1 had spilled the coffee on his/her left upper arm and breast. Nurse #1 said CNA #1 told her that she gave Resident #1 the coffee served in a foam cup with no cover, and left Resident #1 unsupervised in his/her bedroom to serve other residents their drinks. Nurse #1 said there were no covers for the styrofoam cups on the Unit that day. During an interview on 07/24/20 at 12:25 P.M., Unit Manager said Resident #1 was capable of reaching for objects as he/she had adequate upper body strength. The Unit Manager said Resident #1 was capable of feeding himself/herself but required supervision at all times. During an interview on 07/24/20 at 11:40 A.M., the Director of Nurses (DON) said since all residents during the COVID 19 outbreak were required to eat in their bedrooms and supervised eating groups were not feasible, beverages were typically served first to all residents, and then the meal was delivered. The DON said CNA's were expected to keep hot liquids out of reach of residents that required continual supervision until staff were able to remain with the residents to supervise them. The DON said Resident #1's Care Plan indicated he/she required continual supervision, therefore CNA #1 would of been expected to remain with Resident #1 until he/she completed his/her coffee and meal. Review of the Hot Liquid Temperature Log Entry (obtained on Resident #1's Unit), dated 03/21/20, indicated that the coffee was 170 degrees Fahrenheit. 2. Review of the report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 3/16/20, indicated that on 3/11/20, Resident #2 asked Certified Nurse Aide (CNA) #2 for a hot cup of water so he/she could make soup. CNA #2 gave Resident #2 a styrofoam cup with hot water (without a lid). Resident #2 (who was seated in a wheelchair) put the cup of hot water between his/her right thigh and the side of the wheelchair, and started to self propel back to his/her room. The Report indicated the cup of hot water tipped over and spilled onto Resident #2's right foot. Resident #2 sustained second [MEDICAL CONDITION] his/her right foot, with a reddened area measuring 7 cm x 11 cm and two fluid filled blisters. Review of Resident #2's physician's orders [REDACTED]. Review of Resident #2's physician's orders [REDACTED]. Review of Resident #2's Admission Record indicated [DIAGNOSES REDACTED]. Review of Resident #2's Nursing Progress Note, dated 03/11/20, indicated Nurse #2 was notified at 10:30 P.M. by a CNA (name not provided) that Resident #2 sustained a burn from a cup of hot water. The Note indicated the top of Resident #2's right foot had a second degree burn with a 7 cm x 11 cm reddened area. During an interview on 07/24/20 at 12:25 P.M., Resident #2 said he/she had a staff member (identity not recalled) heat up a cup of hot water for him/her at the kitchenette on the Unit. Resident #2 said he/she intended to use the hot water to make a cup of instant soup in his/her room. Resident #2 said the CNA handed him/her a styrofoam cup with hot water, that there was no lid on it, he/she placed the styrofoam cup between his/her right leg and the side of the wheelchair and propelled the wheelchair using his/her hands to go back to his/her room. Resident #2 said the cup tipped forward splashing hot water on his/her sock covered foot and he was determined to [MEDICAL CONDITION] the area. During an interview on 07/15/20 at 04:35 P.M. and on 07/24/20 at 11:30 A.M., Certified Nurse Aide (CNA) #2 said Resident #2 approached the nurses' desk and requested warm water to make instant soup. CNA #2 said Resident #2 refused to allow staff to make the soup for him/her. CNA #2 said Nurse #1 instructed her to give hot water to Resident #2 by heating water in the microwave for one minute and 30 seconds. CNA #2 said she obtained water from the sink, heated it for the instructed length of time and handed it to Resident #2. CNA #2 said there were no covers available for the styrofoam cup, so she gave it to Resident #2 without one.</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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<p>F 0689</p> <p>Level of harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>CNA #2 said she had not been instructed to obtain a safe temperature reading prior to serving a hot liquid and was not aware if there was a thermometer available on the Unit. CNA #2 said sometime later that night (exact time unknown) Resident #2 told her he/she may have gotten burned, and she immediately reported it to Nurse #2. During an interview on 07/24/20 at 11:35 A.M., Nurse #2 said just before 11:00 P.M. on 03/11/20 CNA #2 told him Resident #2 spilled hot water on his/her foot. Nurse #2 said he was unaware that CNA #2 had heated water and provided it to Resident #2. Nurse #2 said Resident #2 told him he/she received the cup of hot water, brought it back to his/her room and it spilled onto his/her foot. Nurse #2 said he removed Resident #2's sock, and found second [MEDICAL CONDITION] the right foot. Nurse #2 said no thermometers for measuring the temperatures of food and liquids were on the Unit. During an interview on 07/24/20 at 11:40 A.M., the DON said all hot liquids should be served at a temperature no greater than 165 degrees Fahrenheit irregardless of whether the drink was provided by the kitchen in a carafe or heated in a microwave. The DON said thermometers were available on the Units. The DON said CNA #2 should have obtained a lid for the styrofoam cup and checked the temperature of the heated water before giving it to Resident #2. Review of the Reheating Chart, undated, indicated to microwave a one serving beverage (one cup) at medium to high microwave power for 30 to 40 seconds from room temperature, and to heat a refrigerated one serving beverage for one and a half minutes to two minutes. The Reheating Chart indicated for a serving temperature at point of service to be 165 degrees Fahrenheit.</p>		