

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225293</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOUTHBRIDGE REHABILITATION &amp; HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>84 CHAPIN STREET SOUTHBRIDGE, MA 01550</b>	
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 0554  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Allow residents to self-administer drugs if determined clinically appropriate.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>                  Based on observations, records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to determine if it was clinically appropriate for Resident #1 to calculate and enter carbohydrate values into his/her insulin pump. Resident #1's ability to accurately do so, directly impacted his/her ability to safely self-administer a bolus of insulin via his/her insulin pump. Findings include: Resident #1 was admitted to the Facility in November of 2019, [DIAGNOSES REDACTED]. The Hospital Discharge Summary, dated 11/22/20, indicated that Resident #1 diabetes was treated with an insulin pump for acute [MEDICAL CONDITION], (a blood sugar greater than 600 milligrams (mg), normal 70 mg to 120 mg). The Summary indicate that in the community, Resident was fearful of his/her blood sugar dropping and had been [MEDICATION NAME] his/her diet with orange juice and sugar cookies, without knowing the associated carbohydrate count. The Summary indicated Resident #1 was unable to calculate the carbohydrate count based on his/her intake, due to his/her [MEDICAL CONDITION] and needed these values provided to him/her, to be able to enter these carbohydrate values into the insulin pump. Review of Resident #1's physician's orders [REDACTED]. The Order indicated Resident #1 is independent with the device (the insulin pump) as in the community. The Facility Policy, titled Self-Administration of Medications, dated 7/2015, indicated that residents are afforded the right to self-administer their own medications, upon request and after determination the practice is safe. The Policy indicated if the resident elects to self-administer his/her own medications, an evaluation of their cognitive, physical and visual ability to perform this task is conducted to ensure accurate and safe medication management. Review of Resident #1's medical record indicated there was no documentation to support that he/she was evaluated for clinical appropriateness and safety to self administer his/her insulin. During an interview on 8/28/20 at 11:40 A.M., Unit Manager #1 said there was no documentation in the clinical record that Resident #1 was ever evaluated for self-administration of insulin via his/her insulin pump, as required by their policy. During an interview on 8/28/20 at 11:50 A.M., Nurse #1, who was assigned to Resident #1, said she was familiar with his/her care, said she was not aware that Resident #1 gave him/herself insulin from the insulin pump based on his/her carbohydrate values entered for meals and snacks, and combined with his/her blood sugar. Nurse #1 said there was no documentation in the clinical record to support that Resident #1 had adequate skills to operate the insulin pump because they were told Resident #1 was independent with his/her insulin pump. The Instruction Manual for the Personal Diabetes Manager (PDM, the insulin pump) indicated that this is an insulin management system intended for subcutaneous delivery of insulin at set and variable rates for the management of diabetes. Safe Use of Pump therapy requires substantial caregiver involvement. Operation of the insulin pump requires accurate entry of the carbohydrate value and blood sugar value, so that the pump will administer the correct dose of insulin. Review of Resident #1's clinical record indicated he/she was admitted to the hospital on [DATE] and 2/2/20 with a [DIAGNOSES REDACTED]. Review of Resident #1's clinical record indicated his/her admission to the hospital on [DATE] was due to Resident #1 not realizing his/her insulin pump was not working for two days when he/she changed the insulin pod (the container for insulin attached to the pump). The Endocrinologist Note, dated 3/6/20, indicated that Resident #1 had uncontrolled type 1 diabetes. The Note indicated Resident #1 had only entered 20 to 25 grams of carbohydrates for meals into the insulin pump, which was unrealistically low. The Note indicated when Resident #1's blood sugars ranged from 93 mg, 121 mg, 170 mg, he/she did not enter any grams of carbohydrates into the insulin pump. The Note indicated Resident #1 was advised to enter the correct amount of carbohydrates even when his/her blood sugar was in this range. The Physician's Note, dated 4/30/20, indicated that Resident #1's blood sugars had been high, with most of the values greater than 200 mg/dl, and some greater than 300 mg/dl. The Note indicated Resident #1 monitors and treats his/her own blood sugars. The Physician's Note, dated 5/8/20, indicated that Resident #1 was concerned by an increase in his/her elevated blood sugars. The Note indicated the plan was to monitor blood sugars with a change in basal rate of 1.5 units an hour via the insulin pump. The Endocrinologist Note, dated 7/9/20, indicated that Resident #1's diabetes is managed with an insulin pump, with poor glycemic control, and that he/she frequently does not bolus the insulin. During an interview on 8/28/20 at 7:30 A.M., Resident #1 said he/she determined the number of carbohydrates for meals and snacks independently without supervision. Resident #1 said he/she then entered the carbohydrate values which he/she calculated, along with his/her blood sugar into the insulin pump, to administer a bolus of insulin.</p>		
F 0684  <b>Level of harm - Actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>                  Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was diagnosed with [REDACTED], #1 was assessed for the ability to independently operate his/her insulin pump, including his/her ability to calculate and enter the carbohydrate values of the snacks and meals he/she consumed, which along with his/her blood sugar value administered the correct dose of insulin needed. - As a result, Resident #1 had uncontrolled diabetes with episodes of [MEDICAL CONDITION] (a blood sugar greater than 600 milligrams (mg), normal 70 mg to 120 mg), and was hospitalized twice due to Diabetic Ketoacidosis (DKA, a life-threatening condition resulting from a toxic build-up of acidic chemicals, [MEDICATION NAME], in the blood which, if not treated promptly, can lead to coma and death), which was probably caused by Resident #1 entering the incorrect carbohydrate values or not entering any values at all, into his/her insulin pump, not receiving the required dose of insulin from his/her insulin pump to treat his/her [MEDICAL CONDITION] and therefore having inadequate glycemic control of his/her diabetes. Findings include: The Instruction Manual for the Personal Diabetes Manager (PDM, the insulin pump) indicated that this is an insulin management system intended for subcutaneous delivery of insulin at set and variable rates for the management of diabetes. Safe Use of Pump therapy requires substantial caregiver involvement. Operation of the insulin pump requires accurate entry of the carbohydrate value and blood sugar value, so that the pump will administer the correct dose of insulin. The Hospital Discharge Summary, dated 11/22/19, indicated that Resident #1 had type 1 diabetes treated with an insulin pump with episodes of acute [MEDICAL CONDITION], (a blood sugar greater than 600 milligrams (mg) (normal 70 mg to 120 mg). The Summary indicated that in the community, Resident was fearful of his/her blood sugar dropping, and had been [MEDICATION NAME] his/her diet with orange juice and sugar cookies, without knowing the associated carbohydrate count. The Summary indicated Resident #1 was unable to calculate the carbohydrate count based on his/her intake, due to his/her [MEDICAL CONDITION]. The Summary indicated Resident #1 needs these values provided to him/her, to be able to enter these carbohydrate values into the insulin pump. Resident #1 was admitted to the Facility in November of 2019, [DIAGNOSES REDACTED]. Review of Resident #1's physician's orders [REDACTED]. Review of Resident #1's physician's orders [REDACTED], #1 is independent with the device (the insulin pump) as in the community. Review of Resident #1's clinical record indicated that there was no documentation to support that the facility assessed Resident #1's ability to independently operate his/her insulin pump, or for the ability to ensure he/she could</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><b>Level of harm - Actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p>(continued... from page 1)</p> <p>correctly calculate the carbohydrates values of what he/she consumed, which were required to be entered into his/her insulin pump, so that the pump would administer the correct dose of insulin for meals and snacks. The Nurse Progress Note dated, 12/8/19 at 5:19 P.M., indicated Resident #1 informed the nursing staff of his/her blood sugar values four times a day and the 400 mg blood sugar was covered with sliding scale insulin. Review of Resident #1's blood sugar readings indicated his/her diabetes remained uncontrolled, as follows: - 12/8/19 at 7:49 A.M., 490 mg - 12/9/19 at 8:11 P.M., 400 mg - 12/10/19 at 2:03 P.M., 547 mg The physician's orders [REDACTED] #1 to the Emergency Department for evaluation. The Hospital Admission Note, dated 12/10/19, indicated Resident #1, had a [DIAGNOSES REDACTED]. The Emergency Department fingerstick blood sugar was close to 600 mg., he/she was started on an insulin drip, administered three liters of normal saline, and admitted to the Intensive Care Unit. Review of Resident #1's re-admission physician's orders [REDACTED] #1 may self-administer (referring to the insulin from the insulin pump). Review of Resident #1's physician's orders [REDACTED] #1 is independent with the device (PDM) as in the community. The Physician's Note, dated 12/18/19 at 1:19 P.M., indicated that Resident #1 independently takes care of his/her insulin pump in the community, see the physician's orders [REDACTED] #1's clinical record upon re-admission to the facility, indicated that there was no documentation to support that the Facility assessed Resident #1's, after being admitted to the ICU for treatment for [REDACTED]. Review of Resident #1's blood sugar readings indicated, his/her diabetes remained under poor control 12/18/19 at 8:34 A.M., 286 mg 12/19/19 at 5:09 P.M., 380 mg 12/20/19 at 5:02 P.M., 424 mg Review of the Physician's Telephone Order, dated 2/2/20, indicated, to transfer Resident #1 to the Emergency Department for possible dehydration and uncontrolled blood glucose levels. The Hospital Admission Note, dated 2/2/20, indicated Resident #1 was admitted with a [DIAGNOSES REDACTED]. The Note indicated Resident #1 had changed insulin pods (the container for insulin attached to the pump) two days ago and did not realize that the pump was not working. Resident #1 had been unable to eat for the past three days due to continuous vomiting. Resident #1's serum blood sugar was 504 mg/dl, serum [MEDICATION NAME] were positive (acids accumulating in the blood stream). The Endocrinologist Note, dated 3/6/20, indicated that Resident #1 had uncontrolled type 1 diabetes and that Resident #1 had only entered 20 to 25 grams of carbohydrates for meals, which was unrealistically low. The Note indicated that when Resident #1's blood sugars ranged between 93 mg, 121 mg, and 170 mg, he/she did not enter any grams of carbohydrates into the insulin pump and that Resident #1 was advised to enter the correct amount of carbohydrates in to the pump. The Note indicated Resident #1's blood sugar control continues to be poor, reviewed with him/her the importance of aiming for tight glucose control in order to decrease the risk of microvascular complications. The Physician's Note, dated 4/30/20, indicated that Resident #1's blood sugars had been high, with most of the values greater than 200 mg/dl, and some greater than 300 mg/dl, and that Resident #1 monitors and treats his/her own blood sugars. The Physician's Note, dated 5/8/20, indicated that Resident #1 was concerned by an increase in his/her elevated blood sugars. The plan was to monitor blood sugars with a change in basal rate of 1.5 units an hour via the insulin pump. The Endocrinologist Note, dated 7/9/20, indicated that Resident #1's diabetes is managed with an insulin pump, with poor glycemic control. The Note indicated that unfortunately, the Residents' living circumstances (at the Facility) are not conducive to better glycemic control, that he/she was fed carbohydrates in large amounts at meals and frequently he/she does not bolus the insulin. During an interview on 8/28/20 at 7:30 A.M., Resident #1 said he/she determined the number of carbohydrates for each meal and snacks independently without supervision. Resident #1 said he/she then entered the carbohydrate values which he/she calculated, along with his/her blood sugar into the insulin pump, to administer a bolus of insulin. During an interview on 8/28/20 at 11:40 A.M., Unit Manager #1 said there was no documentation in the clinical record that Resident #1 was ever evaluated for self-administration of insulin via his/her insulin pump, as required by their policy. Unit Manager #1 said she was not aware that Resident #1 was unable to calculate the number of carbohydrates, and that he/she needed supervision to enter the correct values for the accurate dose of a bolus of insulin. Unit Manager #1 said that this information had not been communicated to her because Resident #1 had been on another unit before April of 2020. During an interview on 8/28/20 at 11:50 A.M., Nurse #1, who was assigned to Resident #1, said she was familiar with his/her care, and said she was not aware that Resident #1 gave him/herself insulin from the insulin pump based on his/her carbohydrate values entered for meals and snacks combined with his/her blood sugar. Nurse #1 said there was no documentation in the clinical record that Resident #1 had adequate skills to operate the insulin pump.</p>		