STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225201	A. Building B. Wing	06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sherrill House	135 South Huntington Avenue Boston, MA 02130

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews, for one of three sampled residents, (Resident #1), the facility failed to ensure that upon admission, nursing developed and implemented baseline care plans with interventions, treatments, goals and outcomes, that addressed his/her overall immediate care needs. Findings include: Review of the Facility's Policy titled Care Plans - Baseline, dated as last revised 12/2016, indicated a baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight hours of admission. The Policy indicated that the Interdisciplinary Team (IDT) will review the healthcare practitioner's orders (e.g., dietary needs, medications, routine treatments, etc.) and implement a baseline care plan to meet the resident's immediate care needs including but not limited to: -Initial goals based on admission orders; -Physician Orders; -Dietary Orders; -Therapy Services; -Social Services; and -Pre-admission Screening and Resident Review (PASRR) recommendations, if applicable. The Policy further indicated that the baseline care plan will be used until the staff can conduct the comprehensive assessment and develop an IDT person-centered care plan. Resident #1 was admitted to the Facility in January 2025, diagnoses included fracture of right femur (thigh bone), history of falling, difficulty in walking, muscle weakness, pressure injury of right heel (stage 2, partial-thickness skin loss involving the epidermis and dermis), and atrial fibrillation (irregular heart rate). (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Hospital Discharge summary, dated [DATE], indicated his/her immediate care needs were identified as followed: -Care of closed fracture; neck of right femur; status post right hemiarthroplasty (partial hip replacement surgery) -Activity status -Wound care of pressure injuries -Nutritional needs Review of Resident #1's Medical Record indicated there was no documentation to support that a Baseline Care Plan was developed and implemented, or that Comprehensive Care Plans that addressed these areas of concern were in place within 48 hours of his/her admission. Further review of Resident #1's Medical Record indicated that Comprehensive Care Plans for the identified care areas were not in place until five days later (on 1/23/25). During an interview on 06/24/25 at 1:39 P.M., Nurse #1 said that the nurses on the floor do not create baseline care plans for new admissions and that the Unit Manager was responsible for completing the baseline care plans. During a telephone interview on 07/01/25 at 11:06 A.M., Nursing Supervisor #1 said that completing a resident's baseline care plan was not her responsibility and that the Unit Manager would create the baseline care plans within 48 hours. During an interview on 06/24/25 at 2:23 P.M., the Unit Manager said it was her responsibility to create residents' baseline care plans within 48 hours of admission. The Unit Manager said Resident #1's baseline care plans were not completed timely because she had missed doing it. During an interview on 06/24/25 at 4:15 P.M., the Director of Nursing (DON) said she was not aware that the baseline care plan for Resident #1 had not been completed in a timely manner within 48 hours after his/her admission. The DON said it is her expectation that residents' baseline care plans are completed within 48 hours per the facility's policy. On 06/24/25, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction which addressed the area(s) of concern as evidenced by: A. Resident #1 no longer resides at the Facility. B. On 04/18/25, the Director of Nursing provided education to Unit Managers and Nursing Management on ensuring Baseline Care Plans are completed within 48 hours to meet residents' immediate needs. (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	C. On 04/21/25, the Director of Nursing completed a full house audit on all new admissions/re-admissions for baseline care plans to ensure care needs were identified, that baseline care plans were developed and previous plans were reviewed and updated as needed. D. The Director of Nursing and/or designee will conduct audits to ensure Baseline Care Plans are completed within 48 hours and that the care plans meet the residents' immediate needs weekly for one month, then monthly for two months, the audits will continue until substantial compliance is achieved. E. The results of the audits were reviewed during the April QAPI meeting and will continue to be brought forward and reviewed at the monthly QAPI Committee meeting until substantial compliance is achieved. F. The Director of Nursing and/or designee are responsible for overall compliance.