STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 - Minimal harm or potential for 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 record review and interview the facility failed to develop a plan of care for two Residents (#43 and #241) out of a total sample of 30 residents. Specifically; 1. For Resident #43 the facility failed to develop a plan of care for suicidal ideation's. 2. For Resident #241 the facility failed to ensure a call light was accessible. Findings include: Review of the facility policy titled Suicide Threats, dated December 2007 indicated that staff will monitor the resident's mood and behavior and update the care plans accordingly until a physician has determined that a risk of suicide does not appear to be present. 1. Resident #43 was admitted to the facility in June 2024 with diagnoses including suicidal ideation, depression with psychotic features, and dementia. Review of the Minimum Data Set assessment dated [DATE] indicated that Resident #43 is severely cognitively impaired and scored a 5 out of 15 on the Brief Interview for Mental Status exam. Further review indicated that Resident #43 requires substantial/maximal assist with activities of daily living. Review of the psychiatry note dated 12/13/24, indicated that Resident #43 has a history of suicidal ideation's and to continue to monitor for symptoms. Review of the care plan failed to indicate a focus, goal or interventions for the history of suicidal ideation's or to continue to monitor for symptoms. During an interview on 12/17/24 at 1:35 P.M., the Director of Nursing said that a suicidal ideation's care plan should have been developed for Resident #43. 2. Resident #241 was admitted to the facility in December 2024 with diagnoses including multiple sclerosis, malnutrition, and ulcer of the right lower extremity. On 12/17/24 at 8:25 A.M., the surveyor observed the Resident's call light on floor. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/17/24 at 8:25 A.M., Resident #241 said that he/she was very upset because staff had not provided incontinence care, or morning and evening care, since the 7:00 A.M. to 3:00 P.M. shift on 12/15/24. Resident #241 said that a Certified Nurse Aide (CNA) came into the room on the morning of 12/16/24, then left without providing any care, and never came back. Resident #241 then said that another CNA came into the room at around 8:00 P.M. on 12/16/24 to empty the urinary catheter bag and another CNA came into the room sometime on the 11:00 P.M. to 7:00 A.M. shift, but neither provided care. Resident #241 said that he/she would have asked staff to provide care, but he/she could not find the call light. During an interview on 12/17/24 at 8:30 A.M., Unit Manager #2 observed the call light on the floor and said that call lights should be accessible to the residents at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, record review, and interviews, the facility failed to provide assistance with Activities of Daily Living (ADLs), for two Residents (#61 and #241) out of a total sample of 30 residents. specifically 1. For Resident #61 the facility failed to provide supervision with meals. 2. For Resident #241 the facility failed to provide incontinent care or hygiene care. Findings Include: Review of the facility policy titled Activities of Daily Living (ADL's), Supporting, undated, indicated the following: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Policy Interpretation and Implementation 1(c). The refusal and information are documented in the resident's clinical record. 2. Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: d. Dining (meals and snacks). 1. Resident #241 was admitted to the facility in December 2024 with diagnoses including multiple sclerosis (MS), malnutrition and ulcer of the right lower extremity. Review of the care plan dated 12/4/24, indicated a focus for decreased ability to perform ADL (activities of daily living) due to MS, FTT (failure to thrive), dysphagia, anxiety, and reflux uropathy. Further review indicated interventions for toileting assistance, and incontinent of bowel with maximum staff assistance for toilet hygiene. Review of the care plan dated 12/4/24, with a focus for falls, indicated an intervention for a call light in place at all times. Review of the care plan dated 12/4/24, with a focus for bowel incontinence indicated interventions to check Resident every 2 hours and assist with toileting as needed and provide pericare after each incontinent episode. Review of the care plan dated 12/4/24 failed to indicate a care plan with a focus/goal/interventions for refusal of care had been developed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/17/24 at 8:25 A.M., Resident #241 said that he/she was very upset because staff had not provided incontinence care, or morning and evening care, since the 7:00 A.M. to 3:00 P.M. shift on 12/15/24. Resident #241 said that a Certified Nurse Aide (CNA) came into the room on the morning of 12/16/24, then left without providing any care, and never came back. Resident #241 then said that another CNA came into the room at around 8:00 P.M. on 12/16/24 to empty the urinary catheter bag and another CNA came into the room sometime on the 11:00 P.M. to 7:00 A.M. shift, but neither provided care. Resident #241 said that he/she would have asked staff to provide care, but he/she could not find the call light. Resident #241 said he/she had recently left another nursing facility because staff had not provided adequate care and was now afraid that the same was happening at this facility. On 12/17/24 at 8:25 A.M., the surveyor observed the call light on floor. During an interview on 12/17/24 at 8:30 A.M., Unit Manager #2 observed the call light on the floor and said that call lights should be accessible to the residents at all times. Resident #241 then told Unit Manager #2 that staff had not provided care to him/her since the morning of 12/15/24. Unit Manager #2 said that she would inform the CNA responsible for Resident #241's assignment. On 12/17/24, between 8:30 A.M., and 11:12 A.M. the surveyor observed Resident #241 lying in bed without morning care having been provided. On 12/17/24 at 11:12 A.M., the surveyor informed Unit Manager #2 that Resident #241 still had not been provided morning/incontinent care. During an interview on 12/17/24 at 11:12 A.M., CNA #1 said that a CNA on the schedule had left the unit, and they were now short-staffed. CNA #1 said that she had to get her residents, as well as the residents assigned to the other CNA, fed or out of bed for safety reasons. CNA #1 said that Resident #241 can eat safely in bed and that is why she had not provided care to him/her yet. At 11:20 A.M., Unit Manager #2 and CNA #1 entered Resident #241's room and began to provide incontinence care. The surveyor observed CNA #1 and Unit Manager #2 assisting Resident #241 with incontinent care. Resident #241 had been incontinent of bowel. CNA #1 attempted to clean Resident #241 with incontinent wipes only to discover that the feces had dried on and below Resident #241's genitalia. While attempting to remove the dried feces Resident #241 yelled out in pain several times. CNA #1 then obtained a towel with soap and water and continued to clean the dried feces from the genitalia. Resident #241 said several times that it hurt. Unit Manager #2 apologized to Resident #241 and explained to him/her that the feces had dried, and CNA #1 had to rub hard to remove it. After CNA #1 completed incontinence care the surveyor observed Resident #241's genitalia to be red and excoriated. Review of Resident #241's facility document titled Documentation Survey Report V2 dated December 2024, indicated that on 12/16/24 the 7:00 A.M. to 3:00 P.M. and the 11:00 P.M.-7A.M. shifts all activities of daily living tasks were left blank, indicating care was not provided, including incontinence care. Review of the facility document titled Behavior Monitoring and Interventions indicated that Resident #241 had not refused care on 12/15/24 or 12/16/24. Review of the progress notes for December 2024 failed to indicate Resident #241 refused care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of CNA #2's written statement (undated) indicated that on 12/16/24 Resident #241 told CNA #2 that he/she wanted to be changed. CNA #2 told Resident #241 that she could not provide the care because Resident #241 required two people to provide all care. CNA #2 indicated that she had requested staff to help her with Resident #241's care and everyone refused to help. CNA #2 said she told the nurse on the unit who then told her that the Unit Manager #2 will handle the issue after lunch. CNA #2 indicated that care had not been provided by the time her shift ended at 3:00 P.M., and she left the facility. During an interview on 12/17/24 at 12:56 P.M., the Director of Nursing (DON) said she heard about the care issues regarding (Resident #241) at about noon from Unit Manager #2. The DON then said that Unit Manager #2 told her that Resident #241 didn't get care yesterday but that the situation was resolved. The DON then said that CNA #2 told her that Resident #241 had refused care yesterday. The DON said that the CNA or nurse is supposed to document all refusals of care.2. Resident #61 was admitted to the facility in September 2024 with diagnoses that included cerebral infarction, altered mental status and dementia. Review of the most recent Minimum Data Set (MDS) assessment, dated 9/26/24, indicated the Resident was assessed by staff to have severely impaired cognition. The MDS further indicated Resident #61 requires substantial to maximal assistance for all self-care activities. On 12/17/24 at 9:26 A.M., Resident #61 was observed sitting alone in his/her room with his/her breakfast tray. Resident #61 said he/she was having difficulty reaching his/her fork and was observed to have oatmeal on his/her right cheek. On 12/17/24 at 12:56 P.M., Resident #61 was observed eating lunch in his/her room. There was no staff observed providing supervision or assistance with self-feeding. On 12/18/24 at 8:53 A.M., 8:59 A.M., 9:05 A.M.,12:50 P.M., and 12:58 P.M., Resident #61 was observed eating his/her meals in his/her room. There was no staff observed providing supervision or assistance with self-feeding. On 12/19/24 at 9:15 A.M., Resident #61 was observed sitting alone with his/her breakfast tray. Resident #61 was observed sleeping holding a fork in his/her right hand. There was no staff providing supervision or assistance with self-feeding. Review of Resident #61's care plans indicated the following: Eating: Resident requires supervision to assistance, requires food to be cut up. Effective date 10/3/24. Nutrition: Monitor for s/sx (signs/symptoms) of dysphagia (difficulty swallowing): Pocketing, choking, coughing, drooling, several attempts at swallowing. Effective date 9/25/24. Further review of Resident #61"s Kardex (a form indicating level of assistance a resident requires) dated as of 12/17/24 indicated the following: - Eating: Resident requires supervision to assistance, requires food to be cut up. Needs help cutting food. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #61's medical record failed to indicate Resident #61 refused assistance with meals. During an interview on 12/19/24 at 9:06 A.M., Unit Manager #3 said staff setup Resident #677's meal and he/she can eat on his/her own. Unit Manager #3 said staff will assist if he/she is having difficulties eating. During an interview on 12/19/24 at 9:20 A.M., the Administrator said she would expect Resident #61 would be provided the level of assistance indicated on his/her care plan for self-feeding.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews, the facility failed to provide respiratory care services in accordance with professional standards of practice for one Resident (#18) out of a total sample of 30 residents. Findings include: Review of the facility policy titled Oxygen therapy, not dated, indicated that humidifiers and nasal cannulas, mask and tubing are changed every 7 days. Resident #18 was admitted to the facility in January 2023 with diagnoses including chronic obstructive pulmonary disease, dementia and heart disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #18 scored a 7 out of 15 on the Brief Interview for Mental Status exam indicating severe cognitive impairment. Further review indicated that Resident #18 is dependent on staff for activities of daily living. Further review indicated that Resident #18 received oxygen therapy while a resident. On 12/17/24, at 8:35 A.M., and 11:59 A.M. 12/18/24 at approximately 11:00 A.M. the surveyor observed Resident #18 receiving oxygen via nasal cannula. The surveyor also observed that the oxygen tubing and the oxygen humidifier bottle were dated 12/9/24. Review of the doctor's orders dated December 2024 indicated an order to change oxygen tubing every week on Sunday 11 P.M. to 7 A.M. Review of the Treatment Administration Record (TAR) dated December 2024 indicated that the oxygen tubing was documented as changed on 12/15/24. During an interview on 12/18/24, at approximately 11:00 A.M. MDS Nurse #1 said that the tubing and humidification bottle are supposed to be changed every seven days to prevent infection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to accurately document in the clinical record for 4 Residents (#18, #43, #241 and #110) out of a total sample of 30 residents. Specifically: 1. for Resident #18 the facility failed to accurately document the changing of the oxygen tubing. 2. For Resident #43 the facility failed to accurately document the sex of the Resident. 3. For Resident #241 the facility failed to accurately document the Activities of Daily Living (ADL) care provided. 4. For Resident #110, the facility failed to ensure staff accurately documented the completion of wound treatments provided. Findings include: Review of the facility policy titled 'Charting and Documentation', dated revised July 2017 indicated that Documentation in the medical record will be objective (not opinionated or speculative), complete and accurate. 1. Resident #18 was admitted to the facility in January 2023 with diagnoses including chronic obstructive pulmonary disease, dementia and heart disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #18 scored a 7 out of 15 on the Brief Interview for Mental Status exam indicating severe cognitive impairment. Further review indicated that Resident #18 is dependent on staff for activities of daily living. Further review indicated that Resident #18 received oxygen therapy while a resident. On 12/17/24, at 8:35 A.M., and 11:59 A.M., and on 12/18/24 at approximately 11:00 A.M., the surveyor observed Resident #18 receiving oxygen via a nasal cannula. The surveyor also observed that the oxygen tubing and the oxygen humidifier bottle were dated 12/9/24. Review of the physician's orders dated December 2024 indicated an order to change oxygen tubing every week on Sunday 11 P.M.-7 A.M. Review of the Treatment Administration Record (TAR) dated December 2024 indicated that the oxygen tubing was documented as changed on 12/15/24. During an interview on 12/18/24, at approximately 11:00 A.M., MDS Nurse #1 said that the tubing and humidification bottle are supposed to be changed every seven days to prevent infection. She then said that the medical record should indicate only what has been done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Resident #43 was admitted to the facility in June 2024 with diagnoses including depression with psychotic features, suicidal ideations and dementia. Review of the psychiatry notes dated 10/4/24, 11/6/24, 12/13/24, indicated that the sex of Resident #43 is not accurate. 3. Resident #241 was admitted to the facility in December 2024 with diagnoses including multiple sclerosis, malnutrition and dysphagia (difficulty swallowing). Further review failed to indicate a diagnosis of cognitive impairment. Review of the facility documents titled Documentation Survey Report V2, dated December 2024, (where the Certified Nurse's Aides (CNA) document on the care provided each shift to residents), indicated that Resident #241 was provided incontinent care on 12/15/24 on the 7 A.M.-3 P.M., 3 P.M.-11 P.M. and 11 P.M. -7 A.M. shifts. Further review indicated that on the 3 P.M.-11 P.M. shift Resident #241 was provided incontinent care. During an interview on 12/17/24, at 8:25 A.M. Resident #241 said that he/she was very upset because he/she had not been provided incontinent care nor had staff provided morning or evening care since 3-11 shift on 12/15/24. Resident #241 then said that a CNA had come into the room in the morning of 12/16/24, said that she needed two CNAs to provide Resident #241 care, then left the room and never came back. Resident #241 then said that another CNA came in at around 8 P.M. on 12/16/24 to empty the urinary catheter bag and another CNA came in sometime on the 11 P.M.-7 A.M. shift to empty the urinary catheter bag but could not be sure of the exact time. During an interview on 12/18/24 11:09 A.M., the Director of Nursing said that the facility should accurately document in the medical record. 4. Resident #110 was admitted to the facility in September 2024 with diagnoses including Alzheimer's Disease and diabetes. Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #110 was moderately cognitively impaired evidenced by a score of 11 out of a possible 15 on the Brief Interview for Mental Status Exam (BIMS). The MDS also indicated Resident #110 required assistance with bathing, dressing and toileting and was at risk for the development of pressure ulcers. Review of the physician's orders dated 12/11/24 indicated: *Pressure injury to Right hip. Wash area with normal saline. Pat dry. Apply triad cream, cover with border foam dressing. Change daily and PRN (as needed) *Stage 1 to Right buttocks. Wash area with soap and water. Pat dry. cover with border foam dressing. Change every other day and PRN. *Wound assessment to be completed with each treatment application/dressing change. (Specify: stage 1 pressure are Right buttocks) every day shift for wound evaluation document the following: odor, pain, drainage amount, peri-wound, drainage type and wound bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225272	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Hill Healthcare and Rehabilitation Center	11 North Street Stoneham, MA 02180

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*Wound assessment to be completed with each treatment application/dressing change. (Specify: stage 2 pressure area to Right hip) every day shift for wound evaluation document the following: odor, pain, drainage amount, peri-wound, drainage type and wound bed. During an interview on 12/18/24 at approximately 9:50 A.M., the surveyor requested to observe Resident #110's dressing changes. Unit Manager #1 said she had already completed the dressing changes. Review of the Treatment Administration Record on 12/18/24 at 1:00 P.M., indicated Resident #110's treatment to his/her right hip and wound assessment was documented as completed by Nurse #1, not Unit Manager #1. During an interview on 12/18/24 at 1:10 P.M. Nurse #1 said he came in later this morning and had not done the treatments yet for Resident #110 and wanted to do them after the lunch meal. When asked if he had documented the treatments were completed, Nurse #1 repeated he was hoping to do the treatments after the lunch meal. Nurse #1 said he shouldn't sign off on treatments that had not been completed yet. During an interview on 12/18/24 at 1:18 P.M., Unit Manager #1 said that she had completed the treatment, and that Nurse #1 had not.