STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225546	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Merrimack Valley	80 Boston Road Billerica, MA 01862

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on records reviewed and interviews for three of three sampled residents (Resident #1, #2 and #3), whose Physician's Orders included the administration of psychotropic medications, the Facility failed to ensure that they obtained signed written consent for the administration of the medications, which include providing each resident and/or their Health Care Proxy with information related to the risks and benefits of the medications, prior to administering them.Findings include:Review of the Facility Policy Massachusetts Psychotropic Medication Written Consent Policy, dated as last reviewed 09/16/2024, indicated in order to meet Section 72BB's requirements for documenting informed consent, prior to the administration of any drug included on Attachment A (Schedule of Psychotropic Drugs), the Facility will complete the Departments prescribed form (Attachment B-Informed Consent for Psychotropic Administration Form), and prior to or upon administration, include the completed form in the resident's medical record.The Policy indicated to complete the form; the drug's prescriber must discuss the following with the resident or the resident's legal representative:-the purpose for administration of the psychotropic drug listed on Attachment A;-the prescribed dosage; and-any known effect or side effect of the psychotropic medicationThe Policy indicated the discussion between the prescriber and the resident or the resident's legal representative may take place by phone and the Facility's representative must then document this discussion by completing the form including all necessary signatures within a reasonably time frame, so as not to negate informed consent.The Policy indicated written informed consent must be obtained each time a new or renewed prescription falls outside the dosage to which the resident or the resident's legal representative previously consented, or once a year, whichever is shorter.The Policy indicated written consent can be obtained in person, by fax or by means of a scanned and emailed copy of the consent form. Verbal consent by telephone, even if witnessed by a second staff member of the Facility, does not constitute written consent.1) Resident #1 was admitted to the Facility in March 2025, diagnoses included, but were not limited to, Depression, Anxiety, Post Traumatic Stress Disorder and Psychosis.Review of Resident #1's Physician's Orders, dated 03/20/25 through 05/21/25, indicated he/she had active orders for and was administered the following;- Aripiprazole (Antipsychotic) 15 milligram (mg) tablet, start date 03/20/25, give one tablet by mouth daily for Depression;- Fluoxetine (Antidepressant) 40 mg capsule, start date 03/20/25, give one capsule by mouth daily for Depression;- Hydroxyzine HCL (Anxiolytics) 25mg tablet, start date 04/08/25, take one tablet by mouth two times a day for Anxiety, and- Trazodone (Antidepressant) 50 mg tablet, take one tablet by mouth at bedtime. Review of Resident #1's Medical Record indicated Resident #1 signed written consent was obtained for the administration of Aripiprazole on 03/21/25. However, there was no documentation to support the Facility obtained signed written consent for the administration of Fluoxetine, Hydroxyzine and Trazodone (psychotropic) medications.2) Resident #2 was admitted to the Facility in August 2025, diagnoses included, but were not limited to, Schizophrenia, Bipolar, and Post Traumatic Stress Disorder.Review of Resident #2's Physician's Orders, for August 2025, indicated to administer the following;- Bupropion XL (Antidepressant) 300 milligram (mg) 24-hour tablet, start date 08/12/25, give one tablet by mouth daily for Depression;- Haloperidol (Antipsychotic) 10 mg tablet, start date 08/12/25, give one tablet by mouth at bedtime for Psychotic Disorders;- Hydroxyzine HCL (Anxiolytics) 25mg tablet, give one tablet by mouth at bedtime, and- Sertraline (Antidepressant) 100 mg tablet, start date 08/12/25, take two tablets by mouth at bedtime for Depression.Review of Resident #2's Medication Administration Record (MAR), for August 2025, indicated he/she had been administered one (1) dose of Bupropion HCL, and two (2) doses Haloperidol and Sertraline HCL.Review of Resident #2's Informed Consent for Psychotropic Administration Form, indicated that signed written consent for the administration of his/her psychotropic medications was not obtained until the day of Survey, on 08/14/25 (three (3) days after he/she had already been administrated the medications).3) Resident #3 was admitted to the Facility in August 2025, diagnoses included, but were not limited to, Chronic Obstructive Pulmonary Disease, Anxiety Disorder, Chronic Respiratory Failure and Emphysema.Review of Resident #3's Physician's Orders, dated Active Orders as of 08/12/25, indicated to administer the following;- Lorazepam (Anxiolytics) 0.5 milligram (mg), start date 08/12/25, give one tablet by mouth every 8 hours as needed for Anxiety;- Olanzapine (Antipsychotic) 2.5 mg tablet, start date 08/12/25, give one tablet by mouth twice a day for Anxiety; and- Olanzapine (Antipsychotic) 2.5 mg tablet, start date 08/12/25, give one tablet by mouth every six (6) hours as needed for Anxiety.Review of Resident #3's Medication Administration Record (MAR), dated August 2025, indicated he/she had been administered three (3) doses of Lorazepam and four