

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225512	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER WAREHAM HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 50 INDIAN NECK ROAD WAREHAM, MA 02571	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews, for one of three sampled residents (Resident #2), the Facility failed to ensure that staff immediately notified the Physician and resident Representative that Resident #2 sustained an unwitnessed fall which resulted in an injury. As a result of the fall, Resident #2 developed a bump with bruising on the left side of his/her forehead, the Physician was not notified of the accident/incident until the next day and Resident #2 was transferred to the hospital where a CT scan of the head revealed a subarachnoid hemorrhage (a life-threatening bleeding in the space between the brain and the tissue covering the brain caused by a head injury). Findings include: The Facility Policy, titled Change in a Resident's Condition or Status, dated as revised 4/4/19, indicated that the Facility will communicate with the Physician and Family regarding changes in condition. The Policy indicated that the nurse will notify the resident's Physician and resident's representative when there is a change in the resident's condition including an accident or incident involving the resident. Resident #2 was admitted to the Facility in January 2020, medical [DIAGNOSES REDACTED]. An Admission Minimum Data Set (MDS) Assessment, dated 1/7/20, indicated that Resident #2 had severe cognitive impairments and required extensive assist of 2 staff members for transfers. A Nursing Evaluation, dated 1/1/2020, indicated Resident #2 was at high risk for falls. Review of the Hospital Discharge Summary, dated 2/04/20, indicated Resident #2 was transferred to the Emergency Department for evaluation due to a change in mental status after a fall in the Facility on 1/24/20, was admitted and that a CT scan of the Head revealed that Resident #2 sustained a subarachnoid hemorrhage. Review of a Nurse Progress Note dated 1/25/20 at 11:59 P.M., indicated that this Note was a clarification of the progress note from 1/24/20, written by Nurse #3, which indicated that Resident #2 was seen lying on the floor on his/her left side holding his/her head propped up. The Note indicated that Resident #2 was noted to have an abrasion to his/her left temple. During an interview on 8/26/20 at 3:39 P.M., Nurse #3 said that she found Resident #2 lying on the floor on his/her left side with his/her head propped up. Nurse #3 said that she had assessed Resident #2 for any injuries, noted that he/she had an abrasion on the left side of Resident #2's head and that Resident #2 had said it was no big deal. Nurse #3 said that Resident #2 said he/she had slid out of the wheelchair and said she did not notify the Physician or Resident Representative because she did not consider it a fall. Review of a Nurse Progress Note, dated 1/25/20 at 4:13 P.M., written by Nurse #4, indicated that a CNA reported that Resident #2 had a bump with bruising on the left side of his/her forehead. The Note indicated there was no report of this in morning change of shift report. The Note indicated Resident #2 was lethargic, pale and not like himself/herself, the Physician was notified, and ordered a CT scan of the head. The Note indicated Resident #2 was transferred to the Hospital Emergency Department for further evaluation. Review of a Nurse Progress Note, dated 1/25/20 at 4:30 P.M., indicated that Resident #2 was admitted to the hospital and that the results of the CT scan of the head indicated Resident #2 had a brain hemorrhage. There was no documentation that indicated Nurse #3 notified Resident #2's Physician or Resident Representative on 1/24/20 that Resident #2 had sustained a fall with an injury to his/her left temple. During an interview on 8/27/20 at 1:41 P.M., the Director of Nurses (DON) said that whenever a resident sustains a fall or is found on the floor, nursing staff are expected to assess the resident for any injury, begin an investigation as to the cause of the fall, complete an incident/accident report, document assessment in a nurses note, report the fall to the next shift and notify the Physician and Resident Representative. The DON said that Nurse #3 did not follow the Facility's policy.		
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.