Printed: 11/29/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2021		
NAME OF PROVIDER OR SUPPLIER Regalcare at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Princeton Boulevard Lowell, MA 01851			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0692	Provide enough food/fluids to maintain a resident's health.				
Level of Harm - Actual harm	37342				
Residents Affected - Few	Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was assessed at risk for weight loss, the Facility failed to ensure his/her weight remained stable, that weights were obtained as ordered by the Physician, and as a result Resident #1 experienced a weight loss of more than 20 pounds in a 30 day period of time, which was significant.				
	Findings include:				
	The Facility's Policy, titled, Weights and Heights, dated as revised on 6/01/21, indicated:				
	-Residents would be weighed upon admission, then weekly for four weeks, and monthly thereafter.				
	-Additional weights could be obtained at the discretion of the interdisciplinary care team.				
	-Significant weight change was defined as: 5% in one month, or 10% in six months. Resident #1 was admitted to the Facility in June of 2021, diagnoses included Parkinson's disease, falls, and dementia.				
	Review of Resident #1's Nutrition Care Plan, dated 6/11/21, indicated, Resident #1 was at nutritional risk related to increased nutritional needs due to skin breakdown, likely inadequate oral intake, and needed a therapeutic diet for wound healing. Interventions included Resident #1 was to be weighed as ordered.				
	The Physician's Order, dated 6/05/21, indicated to obtain Resident #1's weights every Thursday for four weeks.				
	Resident #1 was therefore due to be weighed by nursing on 6/10/21, 6/17/21, 6/24/21, and 7/01/21.				
	Review of Resident #1's medical records indicated his/her weights were recorded as follows:				
	- 6/06/21 documented as 170 pounds				
	- 7/01/21 documented as 170.2 pounds.				
	(continued on next page)				
	1				

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 225511

If continuation sheet Page 1 of 4

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NAME OF PROMPER OR CURRU		CTREET ADDRESS SITY STATE 7	D. CODE	
NAME OF PROVIDER OR SUPPLIER Postalcare at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Princeton Boulevard		
Regalcare at Lowell		Lowell, MA 01851		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0692	- 7/14/21 documented as 147.3 por	- 7/14/21 documented as 147.3 pounds.		
Level of Harm - Actual harm	There was no documentation to su	pport Resident #1's weight was obtaine	ed on 6/10/21, or 6/24/21.	
Residents Affected - Few	Based on Resident #1's weight on 7/01/21 at 170.2 pounds, and 146.4 pounds on 8/06/21, this reflects a very significant weight loss of 13.98%, in one month.			
	Resident #1's Physician's Order, dathen monthly.	ated 8/06/21, indicated nursing to obta	in daily weights for seven days,	
	Review of Resident #1's Medical R	ecord indicated his/her weights were re	ecorded as follows:	
	- 8/06/21 documented as 146.4 por	unds.		
	- 8/18/21 documented as 146.3 pounds. There was no documentation to support that Resident #1's weights were obtained daily for seven daystarting 8/06/21, as ordered by the Physician.			
	There are no documented weights for Resident #1 on 8/07/21, 8/08/21, 8/09/21, 8/10/21, 8/11/21, 8/12/21, or 8/13/21.			
	During an interview on 10/18/21 at 3:00 P.M., the Dietician said he was aware that Resident #1 had a significant weight loss, and said staff should have weighed and recorded his/her weight as ordered. The Dietician said that was how the Facility monitored whether Resident #1's plan of care was effective in helping to maintain her/her weight and prevent weight loss.			
	During an interview on 10/18/21 at 3:26 P.M., the Director of Nurses said Resident #1's weights should habeen measured and recorded as ordered by the Physician.			
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NAME OF PROVIDER OR SUPPLIER Regalcare at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Princeton Boulevard Lowell, MA 01851	
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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			

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			10. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2021
NAME OF PROVIDER OR SUPPLIER Regalcare at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Princeton Boulevard Lowell, MA 01851	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Few	8/13/21.	for Resident #1 on 8/07/21, 8/08/21, 8, 3:26 P.M., the Director of Nurses said rdered by the Physician.	