City of Lowell Health Department
341 Pine Street • Lowell, MA 01852
P: 978-674-4010 • F: 978-970-4011
www.LowellMA.gov

Joanne Belanger
Director of Health and Human Services

MEMORANDUM

TO: Eileen Donoghue, City Manager EMD

FROM: Joanne Belanger, Director of Health and Human Services

DATE: May 12, 2020

SUBJECT: **Req. City Mgr. Provide A Report Regarding The Number Of Health And Safety Complaints Filed At The State Department Of Public Health In The Last Year For The City's Nine Nursing Homes**

Surveys are conducted at least every 9-15 months by the Massachusetts Bureau of Health Care Safety and Quality to assess compliance with federal requirements. Surveys are unannounced and assess these 5 areas; Administration, Nursing, Resident Rights, Kitchen/food, and Environment.

- Criteria in the **administration category** concern the overall administration and management of a nursing home. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.

- Criteria in the **nursing category** concern resident assessments and plans of care as well as the quality of nursing care provided by a nursing home. A nursing home must ensure that it has qualified and trained nursing staff to ensure that each resident receives necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with a comprehensive assessment and plan of care.
- Criteria in the **resident rights** category concern quality of life and resident rights in a nursing home. A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.
- Criteria in the **kitchen/food category** concern food preparation, service and sanitation. A facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

- Criteria in the **environment** category concern resident comfort and safety, as well as, facility housekeeping, maintenance and sanitation. A facility must provide a safe, functional, sanitary and comfortable environment for the residents, staff and the public

The facilities in Lowell are: Northwood Rehab and Health Care Center, Care One at Lowell, Belvidere Healthcare Center, Fairhaven Healthcare Center, Willow Manor, Town and Country Health Care Center, and D'Youville Senior Care.

Of the 7 facilities, 2 had noted enforcements; Care One in 2017 and Northwood in 2018 which resulted in an admission freeze for a period of about 5 weeks.

All but one, D'Youville, had a complaint investigation in the last year but as far as I can tell no action was taken in any facility.

Each facility is scored in the five areas. There is a methodology applied to determine the score in each area which is then compared to the State average and the maximum score allowed for that area. All five areas are totaled and the facility is given an overall score.

There is a scope and severity rating assigned to each deficiency cited of the federal requirements. There is a matrix that is used to rate the deficiency as to whether the deficiency is isolated, a pattern or a widespread problem and on the level of harm it could cause to a resident.

I have provided the most recent reports for all 7 facilities, the scoring methodology explanation, the scope and severity matrix and the descriptions of the scope and severity ratings.

Scope and Severity Matrix

A scope and severity rating is assigned to each deficiency cited

Severity of the Deficiency	Scope of the Deficiency		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J	K	L
Actual harm that is not immediate jeopardy	G	H	I
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
No actual harm with potential for minimal harm	A	B	C

Click on the alphabetic value for a description of each rating

Note: Shaded boxes within the grid denote deficiency ratings which constitute Substandard Quality of Care if the requirement which is not met is one that falls under the designated federal regulations:

- § 483.10 "Resident rights", paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) ;
- § 483.12 "Freedom from abuse, neglect, and exploitation";
- § 483.24 "Quality of life";
- § 483.25 of this chapter "Quality of care";
- § 483.40 "Behavioral health services", paragraphs (b) and (d);
- § 483.45 "Pharmacy services", paragraphs (d), (e), and (f);
- § 483.70 "Administration", paragraph (p),
- § 483.80 "Infection control", paragraph (d),

Scope and Severity Rating Descriptions

TScope and Severity ratings, A through L, are briefly described below. They are listed in order from the least serious to most serious ratings.

A. **Isolated/Potential for minimal harm** - Least serious rating and is isolated to the fewest number of residents, staff, or occurrences. This deficiency has the potential for causing no more than a minor impact on the resident(s).

B. **Pattern/Potential for minimal harm** - Least serious deficiency but affects more than a limited number of residents, staff, or occurrences. This deficiency has the potential for causing no more than minor negative impact on the resident(s) and was not found to be throughout the facility.

C. **Widespread/Potential for minimal harm** - Least serious deficiency but was found to be widespread throughout the facility and/or has the potential to affect a large portion or all of the residents. This deficiency has the potential to affect a large portion or all of the residents, but has the potential for causing no more than a minor negative impact on the resident(s).

D. **Isolated/Minimal harm or potential for actual harm** - This a less serious (but not lowest level) deficiency and is isolated to the fewest number of residents, staff, or occurrences. This deficiency is one that results in minimal discomfort to the resident or has the potential to negatively affect the resident's ability to achieve his/her highest functional status.

E. **Pattern/Minimal harm or potential for actual harm** - This is a less serious (but not lowest level) deficiency and affects more than a limited number of residents, staff, or occurrences. This deficiency is one that results in minimal discomfort to the resident or has the potential (not yet realized) to negatively affect the resident's ability to achieve his/her highest functional status. This deficiency was not found to be throughout the facility.

F. **Widespread/Minimal harm or potential for actual harm** - This is a less serious (but not lowest level) deficiency but was found to be widespread throughout the facility and/or has the potential to affect a large portion or all the residents. This deficiency is one that results in minimal discomfort to the resident or has the potential (not yet realized) to negatively affect the residents' ability to achieve his/her highest functional status.

G. **Isolated/Actual harm** - This is a more serious deficiency but is isolated to the fewest number of residents, staff, or occurrences. This deficiency results in a negative outcome that has negatively affected the resident's ability to achieve his/her highest functional status.

H. **Pattern/Actual harm** - This is a more serious deficiency and affects more than a limited number of residents, staff, or occurrences. This deficiency results in a negative outcome that has negatively affected the resident's ability to achieve his/her highest functional status. This deficiency was not found to be throughout this facility.

I. **Widespread/Actual harm** - This is a more serious deficiency that was found to be widespread throughout the facility and/or has the potential to affect a large portion or all the residents. This deficiency results in a negative outcome that has negatively affected the residents' ability to achieve his/her highest functional status.

J. **Isolated/Immediate Jeopardy** - This is the most serious deficiency although it is isolated to the fewest number of residents, staff, or occurrences. This deficiency is one which places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the facility. Immediate corrective action is necessary when this deficiency is identified.

K. **Pattern/Immediate Jeopardy** - This is the most serious deficiency and affects more than a limited number of residents, staff, or occurrences. This deficiency is one which places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the facility. Immediate corrective action is necessary when this deficiency is identified. This deficiency was not found to be throughout the facility.

L. **Widespread/Immediate Jeopardy** - This is the most serious deficiency and was found to be widespread throughout the facility and/or has the potential to affect a large portion or all the residents. This deficiency is one which places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the facility. Immediate

Scoring Methodology - How to Calculate the Score

The Maximum Possible Score that a facility can achieve is 132 points. The tool includes information from the 3 most recent standard surveys and information from all complaint surveys performed after or within one year of the most recent standard survey. Five categories (Administration, Nursing, Resident Rights, Kitchen/Food Services, and Environment) are reported and there are 132 scored items (3 surveys x 44 requirements). As part of the survey process, each deficiency (requirement not met) is assigned an alphabetic scope and severity rating (A through L). A numeric value has been assigned to each alphabetic scope and severity rating given. Each category is scored and these results are then summed to compute a total score for the nursing home.

On November 28, 2017, significant revisions in federal nursing home regulations and the yearly standard survey went into effect. The revisions included 3 significant actions that affected the tool scoring methodology. 1) Some regulatory requirements that were a single scored item on the tool before November 28, 2017 split into multiple separate requirements afterwards; 2) Some requirements that were multiple scored items before November 28, 2017 combined into a single requirement afterwards; and 3) All items were assigned a new regulation number. The regulation numbers begin with the letter "F" and are listed along with the item description on the Facility Detail Page of the report. As a result, the Department of Public Health needed to make adjustments to the method of calculating the Nursing Home Performance Tool.

The goal of the adjustments was to maintain as much compatibility as possible between the before and after scoring methods by keeping the maximum score overall and for each category remain the same. The numeric value for each scope and severity rating also remain the same. To accomplish this, the following adjustments took affect for surveys beginning on or after November 28, 2017.

1. For single scored items that split into multiple items,
    a. Points will only be deducted for one deficiency even if more than one item in the set of multiple items is deficient.
        i. The points subtracted will be equal to the numeric value of the deficient item with the highest scope and severity rating.
        ii. Only one item will be counted as not met even if more than one item in the set of multiple items is deficient.
2. For items that combine into one item;
    a. Since in each case, 2 scored items combined into one scored item, the points subtracted will be twice the numeric value of the scope and severity rating.

The scoring begins with the Maximum Possible Score (132) from which points are deducted based on the numeric value or the scope and severity rating of deficiencies that were cited. The numeric value also depends on whether the deficient item is one of the requirements used to determine Substandard Quality of Care in a facility. See Numeric Values for Scope and Severity Ratings to familiarize yourself with the scope and severity (S/S) tables and their corresponding numeric values as they are referenced several times in the example below.

Using Steps One through Five, which are described in the example below, calculate a score for each category (Administration, Nursing, Resident Rights, Food Services, and Environment) reviewed.
Then Sum the scores for each category to get the nursing home's Total score. (Step 6)

The following is an example of how to calculate a score for each category. The category is Nursing which has a maximum possible score of 33 points.

Nursing

RESULTS: Standard Survey: 28 of 33 Met Complaint Deficiencies: 0
Score after Adjustment for Scope and Severity 19.

The home met 28 of 33 requirements and there were 0 complaint deficiencies in the key requirements evaluated in the tool. The home's Score after Adjustment for Scope and Severity is 19.

Step One: Determine if deficiency is a substandard quality of care (SQC) tag or not. *Note: For scoring purposes a "G" level deficiency for a*

tag that can be SQC is scored as a SQC deficiency.)

Step Two: Locate the alphabetic S/S rating for the deficiencies listed under the Nursing. Then, using the appropriate table, find its corresponding numeric value. *(When a nursing home has met all of the key requirements in a category, no deficiencies are listed and there is no further adjustment to the score. The home's score in that category is equal to the Maximum Possible Score for the category.)*

In this example below there are 5 scored items deficiencies cited under Nursing:

The facility develops comprehensive care plans for each resident that include measurable objectives and time tables to meet each resident's medical, nursing, and mental needs. (F 279)	**10/10/2016 D**
A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that was unavoidable. (F 310)	**10/10/2016 G**
The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. (42CFR 483.24 F 675) **and/or;** **The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices (42CFR 483.25 F 684)** **and/or;** **The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (42CFR 483.25(k) F 697)** **and/or;** **The facility ensures that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (42CFR 483.25(l) F 698)** **and/or;** **Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. (42CFR 483.40(b)(3) F 744)**	**12/12/2017 G**
The facility ensures that; residents who enter the facility without limited range of motion do not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; residents with limited range of motion receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion; residents with limited mobility receive appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable (42CFR 483.25(c)(1)-(3) F688)	**12/12/2017 D**
Resident maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless a resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise and are offered sufficient fluid intake to maintain proper hydration and health and a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. (42CFR 483.25(g)(1)-(3) F692) *** Note: The numeric value for this item is twice the numeric value listed on the scope and severity (s/s) table.**	**12/12/2017 G**

Deficiency #1: The facility develops comprehensive care plans for each resident that include measurable objectives and time tables to meet each resident's medical, nursing, and mental needs. (F 279) 10/10/2016 (D)
The deficiency was cited on the 10/10/2016 survey. According to the tables, F 279 is not a Substandard Quality of Care item. Thus, use S/S Table 2. S/S rating is "D" = numeric value of "1"

Deficiency #2: A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that was unavoidable. (F 310) 10/10/2017 (G)
The deficiency was cited on the 10/10/2016 survey. According to the tables, F 310 is a Substandard Quality of Care item. Thus, use S/S Table 1. S/S rating is "G" = numeric value of "3"

Deficiency #3: The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. (42CFR 483.24 F 675)
and/or;
The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices (42CFR 483.25 F 684)
and/or;
The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (42CFR 483.25(k) F 697)
and/or;
The facility ensures that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (42CFR 483.25(l) F 698)
and/or;
Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest

practicable physical, mental, and psychosocial well-being. (42CFR 483.40(b)(3) F 744) 12/12/2017 (G)
This is an example of a requirement that split into multiple requirements after November 28, 2017. The text lists all individual requirements that may be deficient for the facility to lose points for this scored item. If you wish to know which specific requirement or requirements were deficient you can request this from the Public Information office. According to the tables, the F numbers in this set of items are Substandard Quality of Care item. Thus, use S/S Table 1. S/S rating is "G" = numeric value of "3".

Deficiency #4: The facility ensures that; residents who enter the facility without limited range of motion do not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; residents with limited range of motion receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion; residents with limited mobility receive appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable (42CFR 483.25(c)(1)-(3) F688) 12/12//2017(D)
According to the tables, F 688 is a Substandard Quality of Care item. Thus, use S/S Table 1. S/S rating is "D" = numeric value of "1". Note F 688 is not in a combined set of items.

*Deficiency #5:*Resident maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless a resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise and are offered sufficient fluid intake to maintain proper hydration and health and a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. (42CFR 483.25(g)(1)-(3) F692) 12/12//2017(G)
According to the tables, F 692 is a Substandard Quality of Care item. Thus, use S/S Table 1. S/S rating is "G" = numeric value of "3". As the text notes F 692 is a combined item and twice the numeric value is deducted, so numeric value = 3 x 2 = 6.

Step Three: Add the numeric S/S values.

Deficiency #1 + Deficiency #2 + Multiple item Deficiency #3 + Deficiency #4 + combined item Deficiency #5 = 1 + 3 + 3 + 1 + 6 = 14 points

---

Step Four: Subtract the points calculated in Step Three from the maximum possible score in the category; Recall that it was 33 for the Nursing category. The result is the Nursing Score after Adjustment for Scope and Severity.

33 maximum points - 14 point deduction = 19 ==>Score after Adjustment for S/S

Step Five: Repeat Steps One through Five for the remaining 4 categories reviewed.

Step Six: Sum the scores for all 5 categories to get the home's Total score.

Category	Score after Adjustment for S/S
Administration	36
Nursing	19
Resident Rights	26
Food Services	12
Environment	20
Nursing Home's Total Score ==>	**113**

Nursing Home Performance Tool Go to Home Page

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114

Facility Performance

New Search Search Results

NORTHWOOD REHAB & HEALTH CARE CTR
1010 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)458-8773

Standard Survey Dates:	01/17/2020	02/07/2019	12/07/2017
Complaint Investigation(s):	04/17/2019		
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
Jeopardy	10/18/2018		
Substandard Quality of Care	10/18/2018		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze			
Imposed	10/12/2018		
Lifted	11/20/2018		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 121 of 132 Met Complaint Investigation Deficiencies - 1
Score after adjustment for Scope and Severity : 114

This nursing facility met 121 out of the 132 key requirements inall five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 1 . The facility's score is 114 after adjustment for scope and severity. 16% of all facilities had a score of 114 or lower. The statewide average facility score is 117.

More Details on this Facility Long Term Care Ombudsman

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
			State Avg					
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114

Facility Details

New Search Search Results

NORTHWOOD REHAB & HEALTH CARE CTR
1010 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)458-8773

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 38 of 39 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :38

This nursing facility met 38 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 38. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)	12/07/2017 D

NURSING

RESULTS : Standard Survey - 30 of 33 Met Complaint Investigation Deficiencies - 1
Score after Adjustment for Scope and Severity :27

This nursing facility met 30 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 1 . The facility's score after adjustment for scope and severity is 27. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

A facility must maintain all resident assessments completed within the previous 15 months in the resident?s active record and use the results of the assessments to develop, review and revise the resident?s comprehensive care plan. (F 639) and/or; The facility develops and implements comprehensive person-centered care plans for each resident that include measurable objectives and time frames to meet each resident's medical, nursing and mental and psychosocial needs which describe services to be furnished to attain or maintain residents highest practical well-being and assess resident or resident representative goals for desired outcomes. (F 656)	04/17/2019 G 02/07/2019 E 12/07/2017 G
The facility ensures that its medication error rates are not 5 percent or greater. (F 759)	12/07/2017 D

RESIDENT RIGHTS

RESULTS : Standard Survey - 22 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :20

This nursing facility met 22 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 20. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that residents are free from physical or chemical restraints used for purposes other than to treat the resident's medical symptoms. (F 604)	02/07/2019 D 12/07/2017 D
The facility treats each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident?s individuality; provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; and ensures that residents can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (F 550)	01/17/2020 E 02/07/2019 E
The facility provides, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. (F 679)	02/07/2019 D

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 11 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :11

This nursing facility met 11 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 11. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)	01/17/2020 E

ENVIRONMENT

RESULTS : Standard Survey - 20 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :18

This nursing facility met 20 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 18. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. (F 689)	12/07/2017 G

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114

Jeopardy

This item displays dates of surveys on which the Centers for Medicare and Medicaid Services (CMS) made a finding of immediate jeopardy. Immediate jeopardy is a situation in which the nursing home's non-compliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. In these situations, the Department of Public Health recommends that CMS initiate an enforcement action and require that the nursing home take immediate steps to remove the jeopardy. If the nursing home does not remove the immediate jeopardy within the time frame specified by CMS, it is terminated from the Medicare and/or Medicaid programs within 23 days of the survey.

Nursing Home Performance Tool
Scope and Severity Matrix

Go to Home Page

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114

Substandard Quality of Care

A finding of substandard quality of care indicates that the nursing home was found to have had a significant deficiency (or deficiencies) which the home must address and correct quickly to protect the health and safety of residents. The Department of Public Health specifies a maximum time frame for correction of the deficiencies. This item displays dates of surveys on which the Department of Public Health made a finding that a nursing home had provided substandard quality of care. This is a technical regulatory term which means that one or more requirements under the federal regulations § 483.10 "Resident rights", paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) of this chapter; § 483.12 of this chapter "Freedom from abuse, neglect, and exploitation"; § 483.24 of this chapter "Quality of life"; § 483.25 of this chapter "Quality of care"; § 483.40 "Behavioral health services", paragraphs (b) and (d) of this chapter; § 483.45 "Pharmacy services", paragraphs (d), (e), and (f) of this chapter; § 483.70 "Administration", paragraph (p) of this chapter, and § 483.80 "Infection control", paragraph (d) of this chapter, which constitutes either immediate jeopardy to resident health or safety; a pattern of widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

Nursing Home Performance Tool Go to Home Page

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114

Admission Freeze

An Admission Freeze is a type of enforcement sanction that is imposed under Massachusetts licensure regulations on a nursing home for failure to comply with Medicare, Medicaid, and/or licensure requirements. In certain situations, generally when a nursing home has serious deficiencies, a poor compliance history, or has failed to correct previously cited deficiencies, the Department of Public Health imposes this sanction. When imposed, a facility may not admit new residents to the facility. The sanction is lifted after the nursing home achieves substantial compliance with the regulations. If an admission freeze has been imposed since the oldest standard survey date, the dates on which it was imposed and lifted are listed here.

Nursing Home Performance Tool Go to Home Page

©2020 Commonwealth of Massachusetts WAP1

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
			State Avg					
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114

Complaint Investigation(s)

The Division investigates complaints and serious incidents occurring within a nursing home as necessary. If deficiencies (requirements not met) were cited as a result of such an investigation, conducted after January 1, 1998 or within one year of the most recent standard survey, whichever is later, the investigation dates are listed here. Deficiencies cited as a result of the listed investigations are used in the calculation of the nursing home's score(s). Complaint investigations are conducted only as necessary, so it is possible for a home to have no complaint surveys during the relevant time period (stated above).

Note: Investigations that did not result in the citation of a deficiency are not reflected in the tool. To obtain information about such investigations, contact the Division at (617) 753-8100 or go to Public Information.

Go to Previous Page Go to Home Page

©2020 Commonwealth of Massachusetts WAP1

Health and Human Services

Skip to Main Content

May 7, 2020

HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT

Mass.Gov Home State Agencies State Online Services

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
			State Avg					
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126

Facility Performance

New Search Search Results

CARE ONE AT LOWELL
19 VARNUM STREET
LOWELL , MASSACHUSETTS 01850
TELEPHONE: (978)454-5644

Standard Survey Dates:	05/10/2019	03/06/2018	11/09/2016
Complaint Investigation(s):	03/21/2019		
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
Jeopardy	02/16/2017		
Substandard Quality of Care	02/16/2017		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 126 of 132 Met Complaint Investigation Deficiencies - 0
Score after adjustment for Scope and Severity : 126

This nursing facility met 126 out of the 132 key requirements inall five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 126 after adjustment for scope and severity. 73% of all facilities had a score of 126 or lower. The statewide average facility score is 117.

More Details on this Facility Long Term Care Ombudsman

©2020 Commonwealth of Massachusetts WAP2

Feedback Site Policies Contact Us Help Site Map

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126

Facility Details

New Search Search Results

CARE ONE AT LOWELL
19 VARNUM STREET
LOWELL , MASSACHUSETTS 01850
TELEPHONE: (978)454-5644

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 36 of 39 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :36

This nursing facility met 36 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 36. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441)	11/09/2016 D
The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)	05/10/2019 D
The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Identified incidents of infection and corrective measures must be recorded and the infection control program must be reviewed yearly and updated as necessary. (F 880)	05/10/2019 D

NURSING

RESULTS : Standard Survey - 32 of 33 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :32

This nursing facility met 32 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 32. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. (F 675) and/or; The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents? choices (F 684) and/or; The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents? goals and preferences. (F 697) and/or; The facility ensures	05/10/2019 D

that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents? goals and preferences. (F 698) and/or; Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. (F 744)

RESIDENT RIGHTS

RESULTS : Standard Survey - 26 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :26

This nursing facility met 26 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 26. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents? right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842) 03/06/2018 D

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 12 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :12

This nursing facility met 12 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 12. The statewide average facility score was 11.

ENVIRONMENT

RESULTS : Standard Survey - 20 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :20

This nursing facility met 20 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 20. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility is equipped to allow residents to call for staff assistance through a communication system which relays the call from resident rooms, toilet and bathing facilities directly to a staff member or to a centralized staff work area. (F 919) 03/06/2018 D

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
			State Avg					
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126

Jeopardy

This item displays dates of surveys on which the Centers for Medicare and Medicaid Services (CMS) made a finding of immediate jeopardy. Immediate jeopardy is a situation in which the nursing home's non-compliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. In these situations, the Department of Public Health recommends that CMS initiate an enforcement action and require that the nursing home take immediate steps to remove the jeopardy. If the nursing home does not remove the immediate jeopardy within the time frame specified by CMS, it is terminated from the Medicare and/or Medicaid programs within 23 days of the survey.

Nursing Home Performance Tool
Scope and Severity Matrix

Go to Home Page

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126

Substandard Quality of Care

A finding of substandard quality of care indicates that the nursing home was found to have had a significant deficiency (or deficiencies) which the home must address and correct quickly to protect the health and safety of residents. The Department of Public Health specifies a maximum time frame for correction of the deficiencies. This item displays dates of surveys on which the Department of Public Health made a finding that a nursing home had provided substandard quality of care. This is a technical regulatory term which means that one or more requirements under the federal regulations § 483.10 "Resident rights", paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) of this chapter; § 483.12 of this chapter "Freedom from abuse, neglect, and exploitation"; § 483.24 of this chapter "Quality of life"; § 483.25 of this chapter "Quality of care"; § 483.40 "Behavioral health services", paragraphs (b) and (d) of this chapter; § 483.45 "Pharmacy services", paragraphs (d), (e), and (f) of this chapter; § 483.70 "Administration", paragraph (p) of this chapter, and § 483.80 "Infection control", paragraph (d) of this chapter, which constitutes either immediate jeopardy to resident health or safety; a pattern of widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

Nursing Home Performance Tool Go to Home Page

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126

Complaint Investigation(s)

The Division investigates complaints and serious incidents occurring within a nursing home as necessary. If deficiencies (requirements not met) were cited as a result of such an investigation, conducted after January 1, 1998 or within one year of the most recent standard survey, whichever is later, the investigation dates are listed here. Deficiencies cited as a result of the listed investigations are used in the calculation of the nursing home's score(s). Complaint investigations are conducted only as necessary, so it is possible for a home to have no complaint surveys during the relevant time period (stated above).

Note: Investigations that did not result in the citation of a deficiency are not reflected in the tool. To obtain information about such investigations, contact the Division at (617) 753-8100 or go to Public Information.

Go to Previous Page Go to Home Page

©2020 Commonwealth of Massachusetts WAP1

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
BELVIDERE HEALTHCARE CENTER	YES	NO	36	32	25	10	19	122

Facility Performance

New Search Search Results

BELVIDERE HEALTHCARE CENTER
500 WENTWORTH AVENUE
LOWELL , MASSACHUSETTS 01852
TELEPHONE: (978)458-1271

Standard Survey Dates:	07/12/2019	08/22/2018	05/11/2017
Complaint Investigation(s):	07/02/2019		
Change of Ownership:	10/01/2019		
Enforcement:			
Jeopardy	No Jeopardy Actions in reported time period		
Substandard Quality of Care	No Substandard Quality of Care Actions in reported time period		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 122 of 132 Met Complaint Investigation Deficiencies - 0
Score after adjustment for Scope and Severity : 122

This nursing facility met 122 out of the 132 key requirements inall five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 122 after adjustment for scope and severity. 48% of all facilities had a score of 122 or lower. The statewide average facility score is 117.

More Details on this Facility Long Term Care Ombudsman

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
BELVIDERE HEALTHCARE CENTER	YES	NO	36	32	25	10	19	122

Facility Details

New Search Search Results

BELVIDERE HEALTHCARE CENTER
500 WENTWORTH AVENUE
LOWELL , MASSACHUSETTS 01852
TELEPHONE: (978)458-1271

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 36 of 39 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :36

This nursing facility met 36 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 36. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility makes the results of the most recent survey available for examination in a place readily accessible to residents and posts a notice of their availability. (F 167)	05/11/2017 D
The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441)	05/11/2017 D
The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)	08/22/2018 D

NURSING

RESULTS : Standard Survey - 32 of 33 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :32

This nursing facility met 32 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 32. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. (F 675) and/or; The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents? choices (F 684) and/or; The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents? goals and preferences. (F 697) and/or; The facility ensures that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-	07/12/2019 D

centered care plan, and the residents? goals and preferences. (F 698) and/or; Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. (F 744)

RESIDENT RIGHTS

RESULTS : Standard Survey - 25 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :25

This nursing facility met 25 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 25. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that residents are free from physical restraints used for purposes other than to treat the resident's medical symptoms. (F 221)	05/11/2017 D
The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents? right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842)	07/12/2019 D

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 10 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :10

This nursing facility met 10 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 10. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides each resident food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. (F 364)	05/11/2017 D
The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)	07/12/2019 D

ENVIRONMENT

RESULTS : Standard Survey - 19 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :19

This nursing facility met 19 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 19. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides a safe, clean, comfortable, and homelike environment, allowing residents to use their personal belongings to the extent possible by; Ensuring that the physical layout of the facility maximizes resident independence and does not pose a safety risk; Providing housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; Maintaining clean bed and bath linens that are in good condition; And providing private closet space in each resident room, adequate and comfortable lighting levels in all areas, comfortable and safe temperature levels and the maintenance of comfortable sound levels. (F 584)	08/22/2018 D
The facility ensures that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. (F 689)	08/22/2018 D

Nursing Home Performance Tool Long Term Care Ombudsman

Health and Human Services

Skip to Main Content

Mass.Gov

May 7, 2020

HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT

Mass.Gov Home State Agencies State Online Services

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
			State Avg					
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
FAIRHAVEN HEALTHCARE CENTER	YES	NO	35	32	25	11	17	120

Facility Performance

New Search Search Results

FAIRHAVEN HEALTHCARE CENTER
476 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)458-3388

Standard Survey Dates:	02/04/2020	03/15/2019	01/12/2018
Complaint Investigation(s):	10/29/2019		
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
Jeopardy	No Jeopardy Actions in reported time period		
Substandard Quality of Care	No Substandard Quality of Care Actions in reported time period		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 120 of 132 Met Complaint Investigation Deficiencies - 0
Score after adjustment for Scope and Severity : 120

This nursing facility met 120 out of the 132 key requirements inall five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 120 after adjustment for scope and severity. 36% of all facilities had a score of 120 or lower. The statewide average facility score is 117.

More Details on this Facility

Long Term Care Ombudsman

©2020 Commonwealth of Massachusetts WAP2

Feedback Site Policies Contact Us Help Site Map

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
FAIRHAVEN HEALTHCARE CENTER	YES	NO	35	32	25	11	17	120

Facility Details

New Search Search Results

FAIRHAVEN HEALTHCARE CENTER
476 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)458-3388

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 35 of 39 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :35

This nursing facility met 35 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 35. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)	03/15/2019 D
The facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services that assure resident safety and attain or maintain the highest practical well-being of residents. The facility must ensure nursing staff and nurse aides have the competencies necessary to care for each resident's need. (F 726)	02/04/2020 D 01/12/2018 D
The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Identified incidents of infection and corrective measures must be recorded and the infection control program must be reviewed yearly and updated as necessary. (F 880)	03/15/2019 D

NURSING

RESULTS : Standard Survey - 32 of 33 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :32

This nursing facility met 32 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 32. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

A facility must maintain all resident assessments completed within the previous 15 months in the resident?s active record and use the results of the assessments to develop, review and revise the resident?s comprehensive care plan. (F 639) and/or; The facility develops and implements comprehensive person-centered care plans for each resident that include measurable objectives and time frames to meet each resident's medical, nursing and mental and psychosocial needs which describe services to be furnished to attain or maintain residents highest practical well-being and assess resident or resident representative goals for desired outcomes. (F 656)	03/15/2019 D

RESIDENT RIGHTS

RESULTS : Standard Survey - 25 of 27 Met Complaint Investigation Deficiencies - 0

Score after Adjustment for Scope and Severity :25

This nursing facility met 25 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 25. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents? right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842)	02/04/2020 D
The facility ensures that residents are free from physical or chemical restraints used for purposes other than to treat the resident's medical symptoms. (F 604)	01/12/2018 E

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 11 of 12 Met Complaint Investigation Deficiencies - 0

Score after Adjustment for Scope and Severity :11

This nursing facility met 11 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 11. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)	03/15/2019 F

ENVIRONMENT

RESULTS : Standard Survey - 17 of 21 Met Complaint Investigation Deficiencies - 0

Score after Adjustment for Scope and Severity :17

This nursing facility met 17 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 17. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. (F 689)	02/04/2020 D 03/15/2019 D
The facility attempts to use appropriate alternatives prior to installing a side or bed rail. If bed or side rails are used, the facility ensures correct installation, use, and maintenance of bed rails, including but not limited to the following elements; Assessing the resident for risk of entrapment from bed rails prior to installation; Reviewing the risks and benefits of bed rails with the resident or resident representative and obtaining informed consent prior to installation; Ensuring that the bed?s dimensions are appropriate for the resident?s size and weight; And following the manufacturers? recommendations and specifications for installing and maintaining bed rails. (F 700)	01/12/2018 E
The facility maintains an effective pest control program so that the facility is free of pests and rodents. (F 925)	02/04/2020 E

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
			State Avg					
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
WILLOW MANOR	YES	NO	36	28	21	9	21	115

Facility Performance

New Search Search Results

WILLOW MANOR
30 PRINCETON BOULEVARD
LOWELL , MASSACHUSETTS 01851
TELEPHONE: (978)454-8086

Standard Survey Dates:	07/12/2019	09/07/2018	06/01/2017
Complaint Investigation(s):	06/10/2019	04/04/2019	
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
Jeopardy	No Jeopardy Actions in reported time period		
Substandard Quality of Care	No Substandard Quality of Care Actions in reported time period		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 119 of 132 Met Complaint Investigation Deficiencies - 0
Score after adjustment for Scope and Severity : 115

This nursing facility met 119 out of the 132 key requirements inall five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 115 after adjustment for scope and severity. 19% of all facilities had a score of 115 or lower. The statewide average facility score is 117.

More Details on this Facility Long Term Care Ombudsman

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
WILLOW MANOR	YES	NO	36	28	21	9	21	115

Facility Details

New Search Search Results

WILLOW MANOR
30 PRINCETON BOULEVARD
LOWELL , MASSACHUSETTS 01851
TELEPHONE: (978)454-8086

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 36 of 39 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :36

This nursing facility met 36 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 36. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441)	06/01/2017 D
The services provided or arranged by the facility meet professional standards of quality. (F 281)	06/01/2017 D
The facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services that assure resident safety and attain or maintain the highest practical well-being of residents. The facility must ensure nursing staff and nurse aides have the competencies necessary to care for each resident's need. (F 726)	07/12/2019 D

NURSING

RESULTS : Standard Survey - 30 of 33 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :28

This nursing facility met 30 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 28. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

A facility must maintain all resident assessments completed within the previous 15 months in the resident?s active record and use the results of the assessments to develop, review and revise the resident?s comprehensive care plan. (F 639) and/or; The facility develops and implements comprehensive person-centered care plans for each resident that include measurable objectives and time frames to meet each resident's medical, nursing and mental and psychosocial needs which describe services to be furnished to attain or maintain residents highest practical well-being and assess resident or resident representative goals for desired outcomes. (F 656)	09/07/2018 D
The facility ensures residents receive care to prevent pressure ulcers	07/12/2019 G

unless resident's clinical condition demonstrates that they were unavoidable and residents with pressure ulcers receive treatment and services to promote healing, prevent infection and prevent new ulcers from developing. (F 686)

The facility ensures that; residents who enter the facility without limited range of motion do not experience reduction in range of motion unless the resident?s clinical condition demonstrates that a reduction in range of motion is unavoidable; residents with limited range of motion receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion; residents with limited mobility receive appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. (F 688) 07/12/2019 D

RESIDENT RIGHTS

RESULTS : Standard Survey - 23 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :21

This nursing facility met 23 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 21. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. (F 241) 06/01/2017 D

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents? right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842) 07/12/2019 D

The facility treats each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident?s individuality; provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; and ensures that residents can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (F 550) 07/12/2019 D 09/07/2018 D

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 9 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :9

This nursing facility met 9 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 9. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides each resident food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. (F 364) 06/01/2017 E

The facility procures food from sources approved or considered satisfactory by Federal, State or local authorities; and stores, prepares, distributes and serves food under sanitary conditions (F 371) 06/01/2017 E

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813) 09/07/2018 E

ENVIRONMENT

RESULTS : Standard Survey - 21 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :21

This nursing facility met 21 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies

not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 21. The statewide average facility score was 18.

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
TOWN AND COUNTRY HEALTH CARE CENTER	YES	NO	32	29	24	10	20	115

Facility Performance

New Search Search Results

TOWN AND COUNTRY HEALTH CARE CENTER
259 BALDWIN STREET
LOWELL , MASSACHUSETTS 01851
TELEPHONE: (978)454-5438

Standard Survey Dates:	03/29/2019	01/31/2018	12/28/2016
Complaint Investigation(s):	09/10/2019		
Change of Ownership:	01/01/2017		
Enforcement:			
Jeopardy	No Jeopardy Actions in reported time period		
Substandard Quality of Care	No Substandard Quality of Care Actions in reported time period		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 118 of 132 Met Complaint Investigation Deficiencies - 0
Score after adjustment for Scope and Severity : 115

This nursing facility met 118 out of the 132 key requirements inall five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 115 after adjustment for scope and severity. 19% of all facilities had a score of 115 or lower. The statewide average facility score is 117.

More Details on this Facility Long Term Care Ombudsman

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
			State Avg					
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
TOWN AND COUNTRY HEALTH CARE CENTER	YES	NO	32	29	24	10	20	115

Facility Details

New Search Search Results

TOWN AND COUNTRY HEALTH CARE CENTER
259 BALDWIN STREET
LOWELL , MASSACHUSETTS 01851
TELEPHONE: (978)454-5438

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 32 of 39 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :32

This nursing facility met 32 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 32. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441)	12/28/2016 D
The facility receives registry verification that individuals have met competency evaluation requirements before allowing an individual to serve as a nurse aide unless the individual can otherwise prove they have met competency evaluation requirements and requires individuals who have not provided nursing or nursing-related services within 24 consecutive months complete a new training and competency evaluation program (F 496)	12/28/2016 E
The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)	03/29/2019 D 01/31/2018 D
The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Identified incidents of infection and corrective measures must be recorded and the infection control program must be reviewed yearly and updated as necessary. (F 880)	03/29/2019 E 01/31/2018 D
The facility must complete a performance review of every nurse aide at least once every twelve months and must provide regular in-service education based on the outcome of these reviews. (F 730)	01/31/2018 E

NURSING

RESULTS : Standard Survey - 31 of 33 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :29

This nursing facility met 31 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 29. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility is free of significant medication errors. (F 332)	12/28/2016 D
The facility ensures residents receive care to prevent pressure ulcers unless resident's clinical condition demonstrates that they were unavoidable and residents with pressure ulcers receive treatment and services to promote healing, prevent infection and prevent new ulcers from developing. (F 686)	03/29/2019 G

RESIDENT RIGHTS

RESULTS : Standard Survey - 25 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :24

This nursing facility met 25 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 24. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that residents are free from physical or chemical restraints used for purposes other than to treat the resident's medical symptoms. (F 604)	01/31/2018 D
The facility treats each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident?s individuality; provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; and ensures that residents can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (F 550)	01/31/2018 E

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 10 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :10

This nursing facility met 10 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 10. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides each resident food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. (F 364)	12/28/2016 F
The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)	01/31/2018 E

ENVIRONMENT

RESULTS : Standard Survey - 20 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :20

This nursing facility met 20 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 20. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. (F 689)	03/29/2019 D

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	State Avg Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
D'YOUVILLE SENIOR CARE	NO	NO	34	29	23	11	21	118

Facility Performance

New Search Search Results

D'YOUVILLE SENIOR CARE
981 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)454-5681

Standard Survey Dates:	07/02/2019	08/27/2018	05/23/2017
Complaint Investigation(s):	No key deficiencies cited as a result of complaint investigation		
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
Jeopardy	No Jeopardy Actions in reported time period		
Substandard Quality of Care	No Substandard Quality of Care Actions in reported time period		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 119 of 132 Met Complaint Investigation Deficiencies - 0
Score after adjustment for Scope and Severity : 118

This nursing facility met 119 out of the 132 key requirements inall five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 118 after adjustment for scope and severity. 28% of all facilities had a score of 118 or lower. The statewide average facility score is 117.

More Details on this Facility Long Term Care Ombudsman

©2020 Commonwealth of Massachusetts WAP2

Town/Facility Name	Complaints	Enforcements	Administration	Nursing	Residents Rights	Food Service	Environment	Total
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
D'YOUVILLE SENIOR CARE	NO	NO	34	29	23	11	21	118

Facility Details

New Search Search Results

D'YOUVILLE SENIOR CARE
981 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)454-5681

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 34 of 39 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :34

This nursing facility met 34 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 34. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441)	05/23/2017 E
The facility maintains clinical records on each resident that are accurately documented, readily accessible, systematically organized and sufficient to identify the resident, provide resident assessments, plans of care and services provided and progress notes. (F 514)	05/23/2017 D
The services provided or arranged by the facility meet professional standards of quality. (F 281)	05/23/2017 E
The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)	07/02/2019 D
The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Identified incidents of infection and corrective measures must be recorded and the infection control program must be reviewed yearly and updated as necessary. (F 880)	08/27/2018 D

NURSING

RESULTS : Standard Survey - 29 of 33 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :29

This nursing facility met 29 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 29. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures residents receive care to prevent pressure ulcers unless resident's clinical condition demonstrates that they were unavoidable and residents with pressure ulcers receive treatment and	05/23/2017 D

services to promote healing, prevent infection and prevent new ulcers from developing. (F 314)	
A facility must maintain all resident assessments completed within the previous 15 months in the resident?s active record and use the results of the assessments to develop, review and revise the resident?s comprehensive care plan. (F 639) and/or; The facility develops and implements comprehensive person-centered care plans for each resident that include measurable objectives and time frames to meet each resident's medical, nursing and mental and psychosocial needs which describe services to be furnished to attain or maintain residents highest practical well-being and assess resident or resident representative goals for desired outcomes. (F 656)	07/02/2019 D 08/27/2018 D
The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. (F 675) and/or; The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents? choices (F 684) and/or; The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents? goals and preferences. (F 697) and/or; The facility ensures that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents? goals and preferences. (F 698) and/or; Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. (F 744)	08/27/2018 D

RESIDENT RIGHTS

RESULTS : Standard Survey - 24 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :23

This nursing facility met 24 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 23. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents? right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842)	08/27/2018 D
The facility ensures that residents are free from physical or chemical restraints used for purposes other than to treat the resident's medical symptoms. (F 604)	08/27/2018 D
The facility treats each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident?s individuality; provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; and ensures that residents can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (F 550)	08/27/2018 D

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 11 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :11

This nursing facility met 11 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 11. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and	07/02/2019 F

other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)

ENVIRONMENT

RESULTS : Standard Survey - 21 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :21

This nursing facility met 21 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 21. The statewide average facility score was 18.

©2020 Commonwealth of Massachusetts WAP2