STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225067	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wedgemere Healthcare	146 Dean Street Taunton, MA 02780

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on records reviewed and interviews for one of three sampled residents (Resident # 1), the Facility failed to ensure they developed and implemented a comprehensive person-centered care plan with interventions, treatment goals, and outcomes that addressed his/her individual recreational activity needs.Findings Include: Review of the Facility's Policy titled, Care Plans, Comprehensive Person-Centered, dated as revised 01/2024, indicated the following:-A comprehensive, person-centered care plan will be developed for each resident; the care plan will include objectives that meet the resident's physical, psychosocial and functional needs is developed for each resident.-The resident comprehensive care plan will identify problem areas, and their causes as warranted and developing interventions that are targeted and meaningful to the resident.-Evaluation of residents is ongoing and care plans are revised as information about the resident and the resident's condition changes.-The Interdisciplinary Team (IDT) reviews and updates the care plan when there has been a significant change in the resident's conditions, when there is a change and at least quarterly, in conjunction with the required quarterly Minimum Data Set (MDS) assessment. Resident #1 was admitted to the Facility in October 2025 diagnoses included Alzheimer's, major depression, and history of falling.Review of Resident #1's Medical Record from 10/21/25 through 05/11/26 (seven months), indicated there was no documentation to support an Activities Care Plan had been developed and implemented that was person-centered to meet his/her individual recreational activities of choice and interest.Review of Resident #1's Care Plan Meeting Form, dated 04/29/26, indicated that his/her activities of interest included music, games, television, family visits, outdoors, horses, and hot cocoa were reviewed by the Interdisciplinary team (IDT).Review of Resident #1's Comprehensive Care Plan indicated there was no documentation to support that the Facility had developed and implemented a care plan to address Resident #1's recreational activity needs, until 05/12/26 (seven months after his/her admission).During an interview on 05/12/26 at 1:15 P.M., the Activity Director (interim) said the previous Activity Director had left the facility at the end of April 2026. The Activity Director said she reviewed all residents' assessments and care plans and saw that Resident #1 did not have an Activity Care Plan in place. The Director said she created Resident #1's Activity Care Plan today (05/12/26, day of survey).The Director said that the Activity Director is responsible for developing an Activity Care Plan for every resident and that every resident should have one.During a telephone interview on 05/26/26 at 10:29 A.M., the Director of Nursing (DON) said she was not aware that Resident #1 did not have an Activitys' Care Plan in place. The DON said that the Activity Director is responsible for developing Activity Care Plans for all residents. The DON said residents care plans are reviewed at quarterly care plan meetings by IDT. The DON said she was surprised Resident #1 did not have an Activity Care Plan for so long and that it had been missed by the IDT.Review of Resident #1's medical record indicated he/she had a quarterly MDS completed in April 2026, and a care plan for Activities was not in place or added at that time.The DON said that it was her expectation that Comprehensive Care Plans are created by all disciplines, including activities within 21 days of a resident's admission.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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