STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225110	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Massachusetts Veterans Home at Chelsea	100 Summit Street Chelsea, MA 02150

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 interviews and records reviewed, the facility failed to ensure staff developed and implemented a comprehensive person-centered care plan for one Resident (#29) out of 25 total sampled residents. Specifically, for Resident #29, nursing failed to consistently implement the Resident's left hand palm guard and buddy loop finger splint to his/her right 4th and 5th digits (fingers). Findings include: Review of the facility policy titled Care Planning, dated 12/18/23, indicated:-The facility will develop and implement a plan for each resident that includes the instructions needed to provide effective and person-centered care of each resident that meets professional standards of quality care. Resident #29 was admitted to the facility in October 2023 with diagnosis cerebral infarction, diabetes, and depression. Review of the most recent Minimum Data Set (MDS) assessment, dated 9/10/25, indicated that Resident #29 had a moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 12 out of 15. This MDS indicated Resident #29 was dependent on staff for upper body dressing and he/she had an upper body range of motion impairment on both sides. The MDS indicated that Resident #29 did not reject care. During an interview on 9/16/25 at 10:04 A.M., Resident #29 was in his/her bed. The surveyor observed a palm guard on Resident #29's bedside table. There were no devices on his/her right hand. Resident #29 said that staff don't always remember to apply it (the palm guard), and I need to remind them. Review of Resident #29's physician's orders, dated 10/1/24, indicated: -Splint twice daily, apply palmer guard to left hand, on at 9:00 P.M., and remove at 9:00 A.M. Remove splint daily to assess skin. Review of Resident #29's physician's orders, dated 12/3/24, indicated:-Splint every shift, apply buddy loop finger splint to Right 4th and 5th digits, keep on at all times, remove daily to assess skin. Change position of buddy loop daily. Review of Resident #29's plan of care related to flexor contracture to the digits, dated 4/5/25, indicated: -Left palmar guard can be worn overnight, applied by nursing.-Right buddy loop splint can be applied by nursing to right D4 (ring finger) and D5 (little finger) fingers and can be worn at all times, removed during ADL care. Review of Resident #29's occupational therapy note, dated 4/3/25, indicated, -Resident continues to use the buddy loop for right D4 and D5 finger. States he/she uses left palmar guard when he/she remembers and/or when staff assist him/her with applying hand splint. Review of Resident #29's occupational therapy note, dated 6/2/25, indicated:-Late entry: request from nursing received to discuss buddy loop splint use with resident. Resident had expressed consideration in not using finger splint further, but post education provided by therapist re: purpose and rationale for splint use, he/she agreed to continue with use. Update shared with nursing this date. Review of Resident #29's occupational therapy note, dated 7/8/25, indicated: -Resident continues to use the buddy loop for right D4 and D5 finger. States he/she uses left palmar guard when he/she remembers and/or when staff assist him/her with applying hand splint. On 9/17/25 at 7:09 A.M., the surveyor observed Resident #29 was not wearing his/her left palm guard and he/she was not wearing right finger loop buddy. On 9/17/25 at 4:40 P.M., the surveyor observed Resident #29 was not wearing his/her right-finger loop buddy. On 9/18/25 at 7:06 A.M., the surveyor observed Resident #29 was not wearing his/her left palm guard and he/she was not wearing right finger loop buddy. On 9/18/25 at 4:45 P.M., the surveyor observed Resident #29 was not wearing (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	his/her right-finger loop buddy. On 9/19/25 at 7:07 A.M., the surveyor observed Resident #29 was not wearing his/her left palm guard and he/she was not wearing right finger loop buddy. During an interview on 9/19/25 at 8:49 A.M., Certified Nursing Assistant #1 said that Resident #29 has not used the right-hand loop buddy in a while. During an interview on 9/19/25 at 7:15 A.M., Nurse #2 said that Resident #29 wears something on his 4th and 5th fingers sometimes and he/she will take it off and staff need to encourage use. Nurse #2 said that Resident #29 does not wear any devices on his/her left hand. During an interview on 9/19/25 at 8:41 A.M., the Occupational Therapist said that nursing should be offering and applying Resident #29's left palm guard and right-hand loop buddy. During an interview on 9/19/25 at 8:46 A.M., Veterans Care Coordinator (VCC) #1 said that nursing should be applying Resident #29's left palm guard during the night and removing according to the physician's orders and care plan. VCC #1 said that that if Resident #29 refuses the left palm guard this should be documented as refused in the medical record and the right-hand loop buddy should be documented as refused. VCC #1 reviewed the documentation and said that nursing was documenting the right buddy loop as applied and she was unable to find documentation to support that Nursing was applying the left palm guard. VCC #1 and the surveyor searched for Resident #29's right finger buddy loop and were unable to locate the buddy loop. During an interview on 9/19/25 at 9:48 A.M., the Director of Nursing said that nursing should implement Resident #29's plan of care for contracture management and apply the left palm guard and right finger loop buddy.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, interviews, policy review and record review, the facility failed to maintain a safe environment for three Residents (#31, #52, and #45) out of 25 total sampled residents. Specifically,1.) for Resident #31, the facility failed to provide fall mats in accordance with the physician's order. 2a.) For Resident #52, the facility failed to ensure staff stored the Resident's smoking materials in a locked area.2b.) For Resident #45, the facility failed to re-evaluate Resident's ability to safely maintain his/her own smoking materials after staff noted half burned cigarettes stored directly on his/her desk and was issued two smoking violations. Findings include: 1.) Review of the facility policy titled, Falls Prevention, dated as last reviewed 5/27/25, indicated to ensure that the safety and health of the resident veteran is protected by establishing a consistent and thorough assessment of resident veteran risk for falls and associated injuries, monitoring and assessment post-fall, and implementing individualized interventions to prevent falls. Resident #31 was admitted to the facility in July 2025 with diagnosis including Huntington's disease (progressive genetic disorder that causes the degeneration of nerve cells in the brain, leading to movement disorders, cognitive decline, and emotional disturbances) and hypotension. Review of Resident #31's most recent Minimum Data Set (MDS) assessment, dated 8/5/25, indicated he/she had a severe cognitive impairment as evidenced by a BIMs assessment score of 3 out of 15. This MDS indicated Resident #31 was dependent on staff for transfers and bed mobility and he/she had one fall with injury within the past two to six months. On 9/16/25 at 10:08 A.M., the surveyor observed Resident #31 in bed. He/she was laying at the bottom of the bed, and his/her legs were dangling off the footboard of the bed. Resident #31 had two upper side rails and one lower side rail in the up position. There were no fall mats on either side of his/her bed. Review of Resident #31's physician's orders, dated 8/12/25, indicated: -Other Equipment Order- at Bedtime, bilateral fall mats beside bed. Review of Resident #31's plan of care related to falls, dated as 7/30/25, indicated Resident #31 had a history of falls. Review of Resident #31's nurse practitioner note, dated 7/29/25, indicated: 7. fall risk: per family at home, he/she would slither off of the bed and land on the floor / they had recently put side rails in place/ we will start with padded 1/2 rails as per staff (4 rails considered a restraint) put pads beside bed. Review of Resident #31's nurse practitioner note, dated 8/12/25, indicated: -continue with total care/ staff has suggested bedside mats which I will order. On 9/17/25 at 7:01 A.M., 9/18/25 at 6:58 A.M., and on 9/19/25 at 7:06 A.M., the surveyor observed Resident #31 in bed, there were no fall mats on either side of the bed. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/17/25 at 3:53 P.M., Certified Nurse Assistant (CNA) #3 said that Resident #31 does not use fall mats beside the bed. During an interview on 9/18/25 at 7:01 A.M., CNA #4 said she had just finished the overnight shift (11:00 P.M. to 7:00 A.M.) she said that Resident #31 does not use floor mats. During an interview on 9/18/25 at 9:45 A.M., CNA #1 said that Resident #31 does not use fall mats. Durning an interview on 9/19/25 at 7:14 A.M., Nurse #2 said that she just finished the overnight shift, and she said that Resident #31 doesn't use fall mats During an interview 9/19/25 at 8:40 A.M., the Veterans Care Coordinator (VCC) #1 said that Resident #31 doesn't have fall mats. On 9/19/25 at 9:13 A.M., the surveyor along with VCC #1 reviewed the electronic health record and she said that nursing is documenting the fall mats as implemented during the day shift, and she said she was unsure why the day shift would be documenting the fall mats. VCC #1 and the surveyor were unable to locate any fall mats in Resident #31's room. During an interview on 9/19/25 at 9:46 A.M., the Director of Nursing said that nursing should implement Resident's floor mats for fall prevention. 2. Review of the facility policy titled Resident Smoking – Smoke Free Facility, dated 8/23/24, indicated: -A facility-wide Smoke Free Facility Policy was initiated on October 1, 2023. This change did not affect facility residents who were smokers as of that date. 1. As of October 1, 2023, the facility is a smoke, tobacco, and marijuana products free property. 10. Residents who smoke will be further assessed, using the 'Resident Safe Smoking Assessment', to determine whether or not safety interventions, which may include supervision, is required for smoking, or if resident is safe to smoke at all. 12. All safe smoking measures will be documented on each resident's care plan and communicated to all staff, visitors, and volunteers responsible for supervising residents while smoking. Supervision will be provided as indicated on each resident's care plan. 14. If a resident or family does not abide by the smoking policy or care plan, the plan of care may be revised to include additional safety measures up to and including discharge from the facility. 15. All smoking materials of residents requiring supervision with smoking will be maintained by nursing staff. 17. The interdisciplinary team will help to support the resident's right to make an informed decision regarding smoking by: d. developing a safe smoking plan. 2a. Resident #52 was admitted to the facility in May 2024 with diagnoses including nicotine dependency. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the most recent Minimum Data Set (MDS) assessment, dated 8/4/25, indicated Resident #52 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS also indicated Resident #52 actively used tobacco. Review of Resident #52 most recent Safe Smoking Assessment, dated 7/29/25, indicated: -He/she may maintain own smoking materials (per facility policy): No -He/she must request smoking materials from staff: Yes -He/she must be supervised by staff, volunteer or family member at all times when smoking: Yes Review of Resident #52's plan of care regarding smoking privileges, dated 5/13/25, indicated: -Escort by staff for time off unit. Review of Resident #52's ADL Fact Sheet, dated 9/19/25, failed to indicate if Resident could maintain his/her own smoking materials. This ADL Fact Sheet indicated: -Escort patient outside to smoke every 4 hrs. on 7 to 3 and 3 to 11. On 9/16/25 at 10:03 A.M., the surveyor observed cigarettes in Resident #52's room on his/her rolling bedside table. On 9/17/25 at 9:23 A.M., the surveyor observed cigarettes and a lighter in front of Resident #52 on his/her rolling bedside table. Resident #52 said he/she needed supervision with smoking but was allowed to keep his/her cigarettes and lighter in his/her room. On 9/19/25 at 8:31 A.M., the surveyor observed cigarettes and two lighters in front of Resident #52 on his/her rolling bedside table. Resident #52 said he just came back from a supervised smoke break. During an interview on 9/17/25 at 12:34 P.M., Social Worker #3 said Resident #52 required supervision while smoking. During an interview on 9/19/25 at 7:50 A.M., Certified Nurse Assistant (CNA) #5 and CNA #6 said Resident #52 requires supervision with smoking but can maintain his/her own smoking materials in the room. During a follow-up interview on 9/19/25 at 7:58 A.M., CNA #5 said staff would find safety measures required for smoking, such as supervision, on each residents ADL Fact Sheet. The surveyor observed Resident #52's ADL Fact Sheet with CNA #5, who said it indicated staff needed to escort patient outside to smoke every 4 hrs. on 7 to 3 and 3 to 11. CNA #5 said the ADL fact sheets never indicate information regarding each resident's ability to maintain smoking materials in their room, but the nurses would tell the CNAs if any resident could not. CNA #5 said she was never told that Resident #52 could not keep smoking materials in his/her room. During an interview on 9/19/25 at 8:51 A.M., Nurse #3 said Resident #52 required the nurse to lock up his/her smoking materials and should not have smoking materials in his/her room. Nurse #3 said she was unaware of the facility smoking policy, the process for determining if a resident was safe to (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	smoke, or where information would be located indicating any safety interventions, such as supervision required, or how these safety interventions were communicated to staff. During an interview on 9/19/25 at 9:34 A.M., the Director of Nursing (DON) said only independent smokers can maintain their own smoking materials. The DON said Resident #52 required the nurse to lock up his/her smoking materials and should not have smoking materials in his/her room. During an interview on 9/19/25 at 11:47 A.M., Veteran Care Coordinator (VCC) #2 said Resident #52 required the nurse to lock up his/her smoking materials and should not have smoking materials in his/her room. VCC #2 further said it is the facility policy that any resident who requires supervision with smoking must have his/her smoking materials locked up by nursing. 2b. Resident #45 was admitted to the facility in January 2024 with diagnoses including diabetes and a history of substance abuse. Review of the most recent Minimum Data Set (MDS) assessment, dated 7/15/25, indicated Resident #45 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. On 9/16/25 at 9:51 A.M., the surveyor observed greater than 50 cigarettes that were half-burned stored directly on the desk surface with a significant amount of ash-like substance surrounding them. There were also two clear plastic bottles filled with half-burned cigarettes and two lighters on the Residents bedside table. During an interview on 9/18/25 at 12:30 P.M., Resident #45 said he/she had received multiple smoking citations from security, but nothing ever happens. Review of Resident #45's plan of care relating to smoking, dated 6/16/25, indicated: -He/she should give cigarettes and lighter to charge nurse when he/she returns to the unit. Review of Resident #45 most recent Safe Smoking Assessment, dated 7/12/25 (after care plan referenced above), indicated: -He/she may maintain own smoking materials (per facility policy): Yes -He/she must request smoking materials from staff: No -He/she must be supervised by staff, volunteer or family member at all times when smoking: No During an interview on 9/17/25 at 8:45 A.M., the surveyor and Certified Nurse Assistant (CNA) #5 observed greater than 50 cigarettes that were half-burned stored directly on the desk surface with a significant amount of ash-like substance surrounding them, two clear plastic bottles filled with half-burned cigarettes, and two lighters. CNA #5 said Resident #45 can manage all his/her own smoking material and it's usually stored like that. CNA #5 said she never notified anyone about how it's stored because he/she maintains his/her own smoking materials. During an interview on 9/17/25 at 8:47 A.M., the surveyor and CNA #7 observed greater than 50 cigarettes that were half-burned stored directly on the desk surface with a significant amount of (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ash-like substance surrounding them, two clear plastic bottles filled with half-burned cigarettes, and two lighters. CNA #7 said she sees that all the time in his/her room. CNA #7 said he maintains his own smoking materials and smokes by himself/herself outside. CNA #7 said staff isn't concerned that he/she smokes in his/her room but will bring half smoked cigarettes back inside. CNA #7 said she never notified anyone about how it's stored because he/she maintains his/her own smoking materials. During an interview on 9/17/25 at 9:14 A.M., the surveyor and Nurse #4 observed greater than 50 cigarettes that were half-burned stored directly on the desk surface with a significant amount of ash-like substance surrounding them, two clear plastic bottles filled with half-burned cigarettes, and two lighters. Nurse #4 said she never notified anyone about how it's stored because he/she maintains his/her own smoking materials. During an interview on 9/17/25 at 9:38 A.M., the surveyor and the Director of Nursing (DON) observed greater than 50 cigarettes that were half-burned stored directly on the desk surface with a significant amount of ash-like substance surrounding them, two clear plastic bottles filled with half-burned cigarettes, and two lighters. The DON said she was not aware the Resident was storing smoking materials this way, but it should not be stored this way. During an interview on 9/17/25 at 10:33 A.M., Security Specialist #1 they last issued a smoking citation to Resident #45 two months ago. Review of the facilities report titled Public Safety Smoking Citation Report, dated August 2025, indicated: -Two smoking citations were issued to Resident #45, one on 8/1/25 and another on 8/6/25. During an interview on 9/19/25 at 10:48 A.M., The Superintendent said there is no policy for the citations, but the expectation is that when a Resident is discovered violating the smoking policy then security should be notified to issue a citation. They said the citations should be sent to the clinical managers to review with the IDT to decide on what the next step is. They said in morning meetings the team goes over security incidents/citations and address the concern at that time. They said they are usually present for this meeting. They both said they do not remember ever being notified of Resident #45's smoking citations or smoking material concerns in the month of August but would check the morning minute meeting to confirm. The Superintendent and Deputy Superintendent said they were not notified of the smoking violations and storage concerns but should have been so it could have been addressed. Review of the document titled Morning Meeting Matrix', dated 8/1/25 to 8/8/26, failed to indicate Resident #45's smoking citations or concerns were discussed. On 9/19/25 at 12:58 P.M., the surveyor attempted to contact the clinical manager responsible for Resident #65 and left a voicemail. The clinical manager did not return the surveyor's telephone call. Review of Resident #45's medical record fails to indicate Resident's ability to smoke and manage smoking materials was addressed or re-evaluated after smoking citations were issued on 8/1/25 or 8/6/25 according to facility smoking policy.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and record review, the facility failed to store all drugs and biologicals in locked compartments for one Resident (#65) out of a 25 total sampled residents. Specifically, the facility failed to ensure Resident #65's neuriva capsules (a brain health supplement) were not stored unlocked at bedside. Findings include:Review of the facility policy titled Bedside Medication Storage and Self Administration of Meds, dated 12/18/23, indicated:-Procedures: A written order for the bedside storage of medication is present in the resident's medical record. -Procedures: Bedside storage of medication is indicated on the resident medication administration record (MAR) and in the care plan for appropriate medications. Resident #65 was admitted to the facility in January 2024 with diagnoses including quadriplegia (a condition where all four limbs experience paralysis). Review of the most recent Minimum Data Set (MDS) assessment, dated 7/1/25, indicated Resident #65 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. On 9/16/25 at 9:25 A.M. and 9/19/25 at 7:36 A.M. and 9:16 A.M., the surveyor observed three bottles of neuriva capsules on Resident #65's bedside table. On 9/16/25 at 9:27 A.M., Resident #65 said the nurse administers the neuriva capsules to him/her and does not self-administer because he/she is quadriplegic. Review of Resident #65's physician's order, initiated 7/4/25, indicated: -Patient Own Medication: Give (1 each) by mouth, Daily Medication Name: NEURIVA ORIGINAL BRAIN PERFORMANCE CAPSULES MAY TAKE OWN SUPPLY NOT SUPPLIED BY PHARMACY. Review of Resident #65's physician's orders failed to indicate a written order for bedside storage of neuriva capsules. Review of Resident #65's resident medication administration record (MAR) and care plan failed to indicate any information regarding bedside storage of neuriva. During an interview on 9/19/25 at 9:01 A.M., Certified Nurse Assistant (CNA) #8 and CNA #9 said Resident #65 keeps the bottles of neuriva capsules on his/her bedside table, but the nurse administers them. During an interview on 9/19/25 at 9:08 A.M., Nurse #5 said Resident #65 is quadriplegic and cannot take the neuriva capsules himself/herself. Nurse #5 said Resident #65 always keeps the neuriva capsules on his/her bedside table. Nurse #5 said Resident #65 did not have a physician's order to store the neuriva capsules at bedside. Nurse #5 said she was not sure if it needed to be locked because it's always just been on his/her bedside table. During an interview on 9/19/25 at 9:32 A.M., the Director of Nursing (DON) said the physician's order that Resident #65 may take own supply not supplied by pharmacy meant the Resident may order his/her own medication but should be locked in the medication cart with labeled with his/her name. The DON said Resident #65's neuriva capsules should not have been stored unlocked at bedside.