

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225191	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2025
NAME OF PROVIDER OR SUPPLIER Life Care Center of Acton		STREET ADDRESS, CITY, STATE, ZIP CODE One Great Road Acton, MA 01720	

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)
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>(continued on next page)</p>

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

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure proper treatment relative to the Resident's vision was obtained in a timely manner for one Resident (#6) out of a total sample of 24 residents. Specifically, the facility failed to assist Resident #6 in scheduling a follow-up ophthalmology appointment for greater than seven months, after the Resident was evaluated and recommendation made by the Ophthalmologist for cataract surgery to his/her left eye, increasing the Resident's risk for further visual decline. Findings include: Review of the facility's policy titled Vision and Hearing Assistive Devices, dated 6/8/20 and reviewed 9/19/24, indicated the following:-The facility's policy was to ensure residents receive proper treatment and assistive devices to maintain vision and hearing abilities. -The facility will assist as needed with making appointments and arranging transportation to obtain needed services. Resident #6 was admitted to the facility in July 2023 with diagnoses including Category Three Right Eye Blindness with Normal Vision Left Eye, and Combined Forms of Age-Related Cataract Bilateral. Review of Resident #6's Physician's orders, dated 7/18/23, indicated: May have . Optometry care as needed. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #6:-was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 13 out of 15 total possible points.-vision was adequate. Review of Resident #6's Nurse Practitioner (NP) Progress Note, dated 9/12/24, indicated:-The Resident went to an appointment on 9/12/24, for his/her Glaucoma due to worsening eyesight.-Will appreciate recommendations. Review of Resident #6's Nursing Progress Note, dated 9/12/24, indicated:-Resident went out for Ophthalmologist appointment.-Returned with new order. Review of Resident #6's Ophthalmologist Consult dated 9/12/24, indicated:-Advance Stage Neovascular Glaucoma Absolute Stage Right Eye.-Mature Cataract Left Eye.-Patient to schedule exam under anesthesia and cataract surgery for [his/her] left eye. Review of a Nursing Progress Note, dated 11/15/24, indicated:-Call to the [Ophthalmologist] office and said surgery was declined by the Resident's Guardian.-Informed [Ophthalmologist] office Resident was his/her own person and makes their own decisions.-Awaiting return call [sic] so we can move forward. Review of the MDS assessment dated [DATE], indicated Resident #6:-was moderately cognitively impaired as evidenced by a BIMS score of 11 out of 15 total possible points.-vision was moderately impaired. On 7/16/25 at 7:52 A.M., the surveyor observed the following in Resident #6's room:-Resident #6 was sitting upright in bed with his/her tray table in front of him/her.-Certified Nurse Aide (CNA) #1 delivered Resident #6's breakfast tray to the Resident on the tray table.-CNA #1 uncovered the Resident's food and drink items and told the Resident where each item was located on the breakfast tray.-Resident #6 asked CNA #1 for the Unit Manager (UM), CNA #1 said the UM was on vacation that week and then left the room.-Resident #6 then used his/her left hand to reach and touch different items on the tray and asked the surveyor where the cereal was placed on the tray.During an interview at the time, Resident #6 said he/she was blind in his/her right eye and had difficulty seeing any detail out of his/her left eye. Resident #6 said he/she wanted to speak with the UM because he/she had been waiting for an appointment to be scheduled with the eye doctor, and no one had gotten back to him/her relative to whether an appointment had been scheduled. On 7/18/25 at 7:50 A.M., the surveyor observed the following in Resident #6's room:-Resident #6 was sitting upright in bed with his/her breakfast meal on the tray table in front of him/her.-Resident #6 drank orange juice from a plastic cup, then placed the cup down in his/her bowl of oatmeal.-Resident #6 used his/her left hand to reach and was touching different food items on the tray, then grasped and picked up the cup of orange juice again, drank from it, and placed it on the tray after attempting to place the cup where the bowl of oatmeal was.-CNA #2 entered the room at 7:58 A.M., asked the Resident how he/she was doing and if he/she needed any help. -Resident #6 said he/she was fine and requested CNA #2 just keep checking on him/her.-CNA #2 exited the room at 8:00 A.M. During an interview on 7/18/25 at 8:00 A.M., CNA #2 said Resident #6 had difficulty seeing so she would check in on the Resident to ensure he/she was not having trouble feeding him/herself. CNA #2 said she knew the Resident had one eye that was worse than the other, but she could not recall which eye that was. CNA #2 said she knew the Resident could see, but that the Resident could not see any detail. During an interview on 7/18/25 at 9:43 A.M., Resident #6 said he/she had not been back to see the Ophthalmologist since he/she was last there in September 2024. Resident #6 said he/she needed and wanted surgery on his/her left eye, but no one ever got back to him/her on whether an appointment had been made for the surgery. Resident #6 said he/she wanted to ask the UIM about the appointment but the UIM was</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review, and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to ensure that water testing for Legionella was completed at least annually placing facility residents at risk for exposure to Legionella Bacterium (bacteria which lives in fresh water and can cause pneumonia-like or flu-like illnesses). Findings include: Review of the facility's Water Management Program, reviewed 5/20/25, included but was not limited to the following: -Environmental Risk Management Program procedures = Legionella Testing -Control Measure = Test quarterly or annually -Procedure = Make sure water samples are tested and are within guidelines. During an interview on 7/17/25 at 7:55 A.M., the Maintenance Director said he was responsible for the Water Management Program in the facility. The Maintenance Director said that Legionella testing had not been conducted quarterly or annually by the facility as outlined in the Water Management Program. The Maintenance Director said he was unaware if the town tested for Legionella. The Maintenance Director also said that if the facility's Water Management Program indicated that Legionella testing was to be conducted that testing should have been done. During an interview on 7/17/25 at 11:12 A.M., the Administrator said that he was unaware if Legionella testing had been completed in accordance with the Water Management Program and was unaware of any Legionella testing results at the time of the survey team entrance.</p>