STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225222	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare Newton Wellesley	694 Worcester Road Wellesley, MA 02181

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview the facility failed to provide a homelike environment on two out of two dementia care certified nursing units.Findings include:On 12/30/25 and 12/31/25, the surveyors observed the first floor and second floor units to not have a homelike environment. The surveyors were unable to locate a single picture on the walls in the hallways and the resident rooms other than a few family photographs provided by family members in less than half of the resident rooms. The surveyors observed the walls in the residents' rooms and hallways to be painted without decoration. The surveyors also observed the first-floor unit hallways and dining rooms to have multiple areas that have been patched but not painted. During an interview on 12/31/25 at 10:15 A.M., the Administrator said that there are no purchase orders or formalized plans for making the units more homelike. The Administrator then said that she was aware that the units and resident rooms were sterile looking. The Administrator said that in the past the facility had tried to get a school art program to volunteer to paint murals on the walls but that it didn't work out. During an interview on 12/31/25 at 12:32 P.M., Family Member #1 said that it would be nice if the hallways and resident rooms on the second-floor unit had some sort of pictures. Family Member #1 then said that the facility wasn't really homelike. During an interview on 12/31/25 at 12:34 P.M., Family Member #2 said the hallways and rooms on the first-floor unit have nothing to look at, there is nothing on the walls. Family Member #2 said she would love to see more things and colors for the residents to look at to keep them stimulated.

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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F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility. Based on record review and interview the facility failed to ensure that the medical director attended the Quality Assurance and Performance Improvement (QAPI) meetings at least quarterly.Findings include:Review of the QAPI (Quality Assurance Performance Improvement) sign in records failed to indicate that the Medical Director participated in one (7/31/25) out of the last four quarters. During an interview on 12/31/25 at 1:22 P.M., the Administrator said that the facility QAPI meets monthly but the medical director attends only quarterly per the regulation. The Administrator said that she had fired the previous medical director in July 2025. The Administrator said that she did not review the QAPI program with the new medical director who was hired 8/5/25. The Administrator said that the new medical director did not participate in QAPI until the October 2025 QAPI meeting. The Administrator said that for six months the medical director did not attend a QAPI meeting and no other physician attended to represent the medical director.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review and interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for three Residents (#5, #9 and #82) out of a total sample of 21 residents. Specifically,1.For Resident #5, who has identified pressure ulcers, the facility failed implement Enhanced Barrier Precautions during high contact care. 2. For Resident #9, who has an identified pressure ulcer, the facility failed implement Enhanced Barrier Precautions during high contact care.3. For Resident #82, the facility failed to implement Enhanced Barrier Precautions during straight catheter (urinary catheter) procedures.Findings include:Review of the Centers for Disease Control (CDC) website indicated the following, dated June 28, 2024:-Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions (EBP) involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). 1. Resident #5 was admitted to the facility in May 2024 with diagnoses that included dementia, dysphagia, cognitive communication deficit, anxiety and pain. Review of Resident #5's most recent Minimum Data Set (MDS) assessment, dated 12/5/25, indicated he/she was assessed by nursing staff to have severe cognitive impairments. Further review of the MDS indicated the Resident had one unhealed stage three pressure ulcer. Review of Resident #5's physician order, dated 12/1/25, indicated Enhanced barrier precautions. Review of Resident #5's physician order, dated 12/24/25, indicated Right buttock Stage 3 Pressure Ulcer: clean with NS (normal saline) or wound cleaner, pat dry, apply Calcium Alginate and cover with Silicone Foam border gauze. Review of Resident #5's physician order, dated 12/28/25, indicated Right medial Heel- Clean with wound cleanser, pat dry and cover with DPD (dry protective dressing) daily. On 12/30/25 at 8:19 A.M., the surveyor observed a Certified Nurse Aide (CNA) providing morning incontinence care to Resident #5 with only gloves on. The surveyor observed signage on the Resident's door that indicated they are on EBP and staff should apply PPE (personal protective equipment) including a gown and gloves during care. On 12/31/25 at 8:08 A.M., the surveyor observed a staff member apply socks to Resident #5 without gloves or any other PPE on. The staff member struggled to apply to socks due to the left heel dressing. The surveyor then observed Nurse #1 enter the room and applied gloves only. Nurse #1 was observed to remove the wrap from his/her left heel wound with only gloves on. During an interview on 12/31/2025 at 10:56 A.M., Nurse #1 said Resident #5 does have pressure ulcers and skin tears on his/her body. Nurse #1 said residents with wounds are on enhanced barrier precautions and all staff should wear PPE during care and wound dressing changes. Nurse #1 said she should have had on more than just gloves while touching his/her left heel dressing. During an interview on 12/31/2025 at 12:05 P.M., the Corporate Nurse said staff are expected to DON (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(apply) PPE while providing care to residents with wounds. During an interview on 12/31/25 at 12:52 P.M., the Director of Nurses, who also covers the role of Infection Preventionist, said that Enhanced Barrier Precautions are used to prevent transmission of organisms to a resident. She said Enhanced Barrier Precautions are used for residents who have wounds, intravenous lines or urinary catheters. She said that Resident #5 has multiple wounds and staff should be donning PPE while caring for him/her. 2. Resident #9 was admitted to the facility in November 2013 with diagnoses that included dementia, contracture of right knee and major depressive disorder. Review of Resident #9's most recent Minimum Data Set (MDS) assessment, dated 12/18/25, indicated he/she was assessed by nursing staff to have severe cognitive impairments. Further review of the MDS indicated the Resident had one unhealed stage two pressure ulcer. Review of Resident #9's physician order, dated 12/24/25, indicated Right Buttock Pressure Ulcer stage 2 (open blister): Clean area with NS/ WC, pat dry, apply xeroform and cover with silicone border gauze. Further review of the orders failed to indicate an order for Enhanced Barrier Precautions (EBP). Review of Resident #9's weekly skin check, dated 12/23/25, indicated a right gluteal fold open area. On 12/30/25 at 8:22 A.M., the surveyor observed Resident #9 in bed. The door did not have signage to indicate the Resident should be on enhanced barrier precautions due to his/her wound. The surveyor also did not observe PPE in front of the room, in the room or in the hallway. On 12/31/25 at 8:10 A.M., the surveyor observed a Certified Nurse Aide (CNA) providing morning incontinence care to Resident #9 with only gloves on. The CNA said Resident #9 does have a wound on their buttocks but is not on any special precautions needing PPE. During an interview on 12/31/2025 at 10:50 A.M., Nurse #2 said Resident #9 has had a wound on his/her buttocks for some time and should be on EBP. Nurse #2 said when CNA's provide care, they should have PPE on including a gown to protect themselves and the Resident from any infections. During an interview on 12/31/2025 at 12:05 P.M., the Corporate Nurse said staff are expected to DON (apply) PPE while providing care to residents with wounds. During an interview on 12/31/25 at 12:52 P.M., the Director of Nurses, who also covers the role of Infection Preventionist, said that Enhanced Barrier Precautions are used to prevent transmission of organisms to a resident. She said Enhanced Barrier Precautions are used for residents who have wounds, intravenous lines or urinary catheters. She said that Resident #9 has a pressure ulcer and gets rashes often and staff should be donning PPE while caring for him/her. 3. Resident #82 was admitted to the facility in December 2025 with diagnoses that included retention of urine. Review of Resident #82's most recent Minimum Data Set (MDS) Assessment, dated 12/18/25, indicated a Brief Interview for Mental Status score of 7 out of 15, indicating severe cognitive (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	impairment. The MDS further indicated that the Resident received intermittent (urinary) catheterization. Review of physician's orders indicated the following: -Straight catheterization every shift, dated 12/18/25. Further review of physician's orders failed to indicate orders for the use of Enhanced Barrier Precautions. Review of the active care plan dated 12/14/25 indicated the following: -Impaired urinary elimination due to neurogenic bladder with interventions that included intermittent catheterization every shift as ordered. During observations on 12/30/25 at 1:45 P.M., and 12/31/25 at 6:57 A.M., there were no signs on the Resident's door or outside of the Resident's room to indicate the need for Enhanced Barrier Precautions. During an interview on 12/31/25 at 6:49 A.M., Nurse #3 said that she had already performed the straight catheterization for her shift. She said that the Resident is not on any specific precautions. She said she uses universal precautions to perform the straight catheterization, including washing her hands and glove use, but does not utilize a gown for the procedure. During an interview on 12/31/25 at 12:05 P.M. Nurse #2 said that Resident #82 is not on any extra precautions besides universal precautions with hand washing and glove use when performing straight catheterization. She said she does not utilize a gown for the procedure. During an interview on 12/31/25 at 12:52 P.M., the Director of Nurses, who also covers the role of Infection Preventionist, said that Enhanced Barrier Precautions are used to prevent transmission of organisms to a resident. She said Enhanced Barrier Precautions are used for residents who have wounds, intravenous lines or urinary catheters. She said that Resident #82 was not on Enhanced Barrier Precautions during urinary catheter procedures because she did not think she needed to be.

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to notify the physician of changes in Resident weights for 2 Residents (#6 and #1) out of a total of 21 sampled Residents.Specifically:1. For Resident #6 the facility failed to notify the physician of a significant weight loss.2. For Resident #1 the facility failed to notify the physician of a significant weight gain.Findings include:Review of the facility policy titled Weight Assessment and Interventions dated revised 5/2019 indicated that the licensed nurse should notify the dietician of identified weight change once reviewed. Further review indicated that dietician notification should be documented in the medical record. 1. Resident #6 was admitted to the facility in November 2025 with diagnoses including dementia, psychosis and diabetes. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #6 is severely cognitively impaired scoring a 0 out of 15 on The Brief Interview for Mental Status exam. Further review indicated that Resident #6 is dependent for most activities of daily living. Review of the care plan dated 11/25/25 indicated the following focus: Potential for Malnutrition as evidenced by Nutritional Screening Tool at Risk of Malnutrition - Altered nutrition-related to dementia, and DM (diabetes) with indication for therapeutic diet.Date Initiated: 11/25/2025. Further review indicated the following interventions:Intervention: carb-modified meal planMonitoring/Criteria: Labs, Weight, meal consumption, Skin, BSDate Initiated: 11/25/2025 Establish appropriate short- and long-term eating goalsDate Initiated: 11/25/2025 Monitor eating environmentDate Initiated: 11/25/2025 Monitor weight closely for gain/lossDate Initiated: 11/25/2025 Review of the medical record on 12/30/25, indicated the following weights: 12/30/25; 135.9 Lbs. (pounds)12/23/2025; 135.8 Lbs., a significant weight loss of 5.83%12/16/2025; 136.5 Lbs., a significant weight loss of 5.34%12/9/2025; 137.8 Lbs.12/9/2025; 137.8 Lbs.11/25/2025; 142.4 Lbs.11/20/2025; 144.2 Lbs. Further review of the medical record indicated the only dietician progress note dated 11/25/25, indicated a weight of 142.5. No other dietician notes were in the medical record. Review of the progress notes dated 11/20/25 through 12/28/25 failed to indicate that the facility notified the physician or the dietician of the significant weight loss. Further review indicated that Resident #6 is at risk for weight loss related to dementia and to monitor weights and address need for additional nutrition support as needed. Review of the Nurse Practitioner progress note dated 12/9/25 indicated mild weight loss of no concern. Review of the Physician progress note dated 12/29/25 failed to indicate that he was made aware of the weight loss and the weight loss was not addressed. Review of the physician orders dated November and December 2025 failed to indicate the weight loss was addressed or any new medical interventions were initiated. During an interview on 12/31/2025 at 7:26 A.M., the Dietician said that she was not aware of the weight loss. She then said she reviews weights weekly but for some reason she did not see this one and if she had she would have put an intervention in place to prevent further weight loss. During an interview on 12/31/25 at 9:02 A.M., the Administrator said that it is her expectation that nursing would inform the physician and dietician of a significant weight loss and interventions to prevent further weight loss be put in place. She then said that nursing should be monitoring all residents who are on weekly weights and report any changes. 2. Resident #1 was admitted to the facility in January 2022 with diagnoses including dementia and depression. Review of the Minimum Data Set, dated [DATE] indicated Resident #1 is severely cognitively impaired and unable to complete the Brief Interview for Mental Status exam. Further review indicated that Resident #1 is dependent on staff for all activities of daily living. Review of the care plan failed to indicate need for notification of physician for significant weight gain. Review of the physician orders dated December 2025 indicated an order for weekly weights every day shift every Tuesday. Review of the medical record indicated weights as follows:12/30/25; 158.2 Lbs. (pounds) a significant weight gain of 9.18%12/23/25; 158.0 Lbs., 12/17/25; 157.2 Lbs., 12/15/25; 157.6 Lbs.12/10/25; 157.6 Lbs. a (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	significant weight gain of 8.76%11/11/25; 144.9 Lbs. Review of the medical record indicated the last dietician note was dated 12/2/25 and indicated a weight of 144.9 obtained 11/11/25. Dietician requested updated weight. No further dietician notes were in the medical record. Review of the progress notes dated November and December 2025 failed to indicate that the physician or nurse practitioner had been notified of Resident #1's significant increase in weight. Review of the medical record indicated a physician note dated 12/20/25, failed to indicate review of Resident #1's weight. Review of the nurse practitioners note dated 12/5/25 failed to indicate a review of Resident #1's weight and referenced the 11/11/25 weight of 144.9 lbs. No further nurse practitioner notes are in the medical record. During an interview on 12/31/25 at 7:35 A.M., the Dietician said that Resident #1 should have had a note written but she was not concerned because there was no etiology for the weight gain. During an interview on 12/31/25 at 9:44 A.M., the Director of Nursing (DON) said that most residents are weighed monthly and if weekly weights are initiated it is because of a concern. The DON then said that weekly weights should be monitored weekly by the Dietician and nursing.

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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 observation, record review and interviews, the facility failed to ensure a resident centered care plan was implemented for one Resident (#54) out of a total sample of 21 residents. Specifically, for Resident #54 who was assessed to be at risk for skin breakdown, the facility failed to implement his/her abductor wedge.Findings include:Resident #54 was admitted to the facility in November 2023 with diagnoses that included dementia, hemiplegia and hemiparesis, wrist drop and weakness. Review of Resident #54's most recent Minimum Data Set (MDS) assessment, dated 12/11/25, indicated he/she was assessed by nursing staff to have severe cognitive impairments. The MDS further indicated that the Resident was at risk for developing pressure ulcers. Review of Resident #54's physician's order, dated 10/6/25, indicated Blue Soft Abductor wedge to LLE (left lower extremity) every day and evening shift remove and re-apply as needed, check placement. Review of Resident #54's skin breakdown care plan, revised 10/6/25, indicated Blue Soft abductor wedge to bilateral knee while in wheelchair, remove in PM (P.M.) check placement/skin integrity every shift. On 12/30/25 at 8:24 A.M., 12:37 P.M. and 1:54 P.M., the Resident was observed in his/her wheelchair without an abductor wedge in place. The Residents' knees were observed to be touching each other. On 12/31/25 at 8:08 A.M., the Resident was observed in his/her wheelchair without an abductor wedge in place. Resident #54's room was observed, and the surveyor was unable to visualize the abductor wedge. The Residents' knees were observed to be touching each other. Review of the nursing progress notes failed to indicate the Resident refused the abductor wedge. During an interview and observation on 12/31/2025 at 10:50 A.M., Nurse #2 said Resident #54 should always have an abductor wedge in between his/her knees when he/she is out of bed because the Resident's knees touch. Nurse #2 said the Certified Nurse Aides (CNA's) normally put it on when they get the Resident out of bed but did not. During an interview on 12/31/25 at 12:58 P.M., the Director of Nursing said Resident #54 should have an abductor wedge in place when he/she is out of bed as it is an intervention to prevent skin breakdown due to his/her knees touching due to contractures in the Residents' legs.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observations, record review and interview the facility failed to develop and implement a plan of care for one Resident (#72) with a contracture out of a total sample of 21 Residents. Specifically, the facility failed to develop and implement a nursing plan of care to manage a contracture as recommended by Occupational Therapy. Findings include:Review of facility policy titled Contracture Prevention, undated, indicated the following:-Residents with inactive extremities should have range of motion exercises done to those extremities as part of their daily care. Resident #72 was admitted to the facility in March 2022 with diagnoses that included contracture left shoulder, contracture left elbow, contracture left wrist and contracture of the left hand. Review of the most recent Minimum Data Set (MDS) Assessment, dated 11/6/25, indicated a Brief Interview for Mental Status (BIMS) score of 4 out of a possible 15, indicating severe cognitive impairment. The MDS further indicated the Resident had functional limitations in Range of Motion to the upper extremity on one side. During an observation on 12/30/25 at 8:09 A.M., the surveyor observed Resident #72 sitting in the dining room in a wheelchair. Resident #72's left hand was in a tight fist, and his/her arm is held tightly against their chest. During an observation on 12/30/25 at 1:44 P.M., the surveyor observed the Resident sitting in his/her wheelchair with his/her left hand in a fist held tightly against his/her chest. During an observation on 12/31/25 at 6:50 A.M., the surveyor observed the Resident in bed sleeping with his/her left hand in fist held tightly against his/her chest. Review of the Occupational Therapy (OT) note, dated 8/20/25, indicated the following:-Diagnoses: contracture, left hand-Will OT treat to address contracture impairment? No, Nursing is managing patient's contracture impairment. Review of physician's orders failed to indicate any orders pertaining to contracture management. Review of Resident #72's active plan of care failed to indicate a plan of care regarding contracture management. Review of Nursing progress notes failed to indicate that range of motion or any other contracture management had been provided or completed with the Resident. During an interview on 12/31/25 at 9:43 A.M., Certified Nurse Aide (CNA) #2 said that when assisting the Resident with activities of daily living (ADL) care they clean his/her left hand, but other than that there is no specific plan of care for the contracture. She said that there is no program to provide range of motion to the Resident's arm or hand. During an interview on 12/31/25 at 9:46 A.M., Nurse #2 said that she is assigned to Resident #72. She said that there is no specific plan of care for management of the Resident's contractures that is being followed. She said there are no physician's orders for ranging or management of the contracture. During an interview on 12/31/25 at 11:55 A.M., the Regional Occupational Therapist said that she had spoken with the treating therapist for Resident #72 and it was discussed that the Resident was not compliant with an orthotic device, but that nursing would continue to provide range of motion exercises to maintain the function of the left arm and hand. During an interview on 12/31/25 at 12:58 P.M., the Director of Nurses said that there should be a plan of care in place and being implemented and documented to prevent worsening of the contracture.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to adequately maintain the nutrition and hydration status of one Resident (#6) out of a total sample of 21 residents. Specifically for Resident #6, the facility failed to ensure significant weight loss was assessed and continually monitored. Findings include:Review of the facility policy titled Weight Assessment and Interventions dated revised 5/2019 indicated that the licensed nurse should notify the dietician of identified weight change once reviewed. Further review indicated that dietician notification should be documented in the medical record. Resident #6 was admitted to the facility in November 2025 with diagnoses including dementia, psychosis and diabetes. Review of the Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #6 is severely cognitively impaired scoring a 0 out of 15 on The Brief Interview for Mental Status exam. Further review indicated that Resident #6 is dependent for most activities of daily living. Review of the medical record on 12/30/25, indicated the following weights:12/30/25; 135.9 Lbs. (pounds)12/23/2025; 135.8 Lbs., a significant weight loss of 5.83%12/16/2025; 136.5 Lbs., a significant weight loss of 5.34%12/9/2025; 137.8 Lbs.12/9/2025; 137.8 Lbs.11/25/2025; 142.4 Lbs.11/20/2025; 144.2 Lbs. Further review of the medical record indicated the only dietician progress note dated 11/25/25, indicated a weight of 142.5. No other dietician notes were in the medical record. Review of the progress notes dated 11/20/25 through 12/28/25 failed to indicate that the facility notified the physician or the dietician of the significant weight loss. Further review indicated that Resident #6 is at risk for weight loss related to dementia and to monitor weights and address need for additional nutrition support as needed. Review of the Nurse Practitioner progress note dated 12/9/25 indicated mild weight loss of no concern. Review of the Physician progress note dated 12/29/25 failed to indicate that he was made aware of the weight loss and the weight loss was not addressed. Review of the physician orders dated November and December 2025 failed to indicate the weight loss was addressed or any new medical interventions were initiated. Review of the care plan dated 11/25/25 indicated the following focus: Potential for Malnutrition as evidenced by Nutritional Screening Tool At Risk of Malnutrition - Altered nutrition-related to dementia, and DM with indication for therapeutic dietDate Initiated: 11/25/2025. Further review indicated the following interventions:Intervention: carb-modified meal planMonitoring/Criteria: Labs, Weight, meal consumption, Skin, BSDate Initiated: 11/25/2025 Establish appropriate short- and long-term eating goalsDate Initiated: 11/25/2025 Monitor eating environmentDate Initiated: 11/25/2025 Monitor weight closely for gain/lossDate Initiated: 11/25/2025 During an interview on 12/31/2025 at 7:26 A.M., the Dietician said that she was not aware of the weight loss. She then said she reviews weights weekly but for some reason she did not see this one. The Dietician said if she had known of the weight loss she would have put in an intervention to prevent further weight loss. During an interview on 12/31/25 at 9:02 A.M., the Administrator said that it is her expectation that nursing would inform the physician and dietician of a significant weight loss and interventions, to prevent further weight loss, be put in place. She then said that nursing should be monitoring all residents who are on weekly weights and report any changes.During an interview on 12/31/25 at 9:44 A.M., the Director of Nursing (DON) said that most residents are weighed monthly and if weekly weights are initiated it is because of a concern. The DON then said that weekly weights should be monitored weekly by the Dietician and nursing and interventions put in place if needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225222	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adviniacare Newton Wellesley	694 Worcester Road Wellesley, MA 02181

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation and interviews, the facility failed to serve food that was palatable, and at a safe and appetizing temperature, on one of two certified dementia units.Findings Include:Review of facility policy titled On Tray Dietary Policies and Procedures, undated, indicated the following:-Policy: food temperatures are maintained during serving times.-Purpose: To ensure residents receive safe food served at acceptable temperatures-Hot foods are served at 135 degrees or higher and cold foods/ beverages are served at 41 degrees or lower. During a continuous observation on 12/30/25 from 8:06 A.M. to 8:25 A.M., the surveyor observed meal pass in the first-floor dining room.Upon the surveyor's arrival in the dining room at 8:06 A.M., there were 20 residents in the dining room, and the food truck had already arrived in the dining room.At 8:14 A.M., residents in the dining room had not yet been served any food or drinks.At 8:17 A.M., the first resident was served a tray in the dining room.By 8:25 A.M., six residents in the dining room had been provided with a meal. Fourteen residents continued to sit at their tables waiting for food and fluids to be served to them. On 12/31/25 at 7:40 A.M., the surveyor observed the first food truck arrive to the dining room on the first floor. On 12/31/25 at 8:24 A.M., the surveyor observed 23 residents in the dining room. Five residents still had not received their breakfast trays. On 12/31/25 at 8:27 A.M., the surveyor requested one of the remaining resident trays in the food cart to check food temperatures. The following was recorded: -Pureed eggs at a temperature of 102 degrees.-Pureed bread at a temperature of 100 degrees.-Oatmeal at a temperature of 102 degrees.-Thickened milk at a temperature of 45 degrees. During an interview and observation on 12/31/25 at 8:32 A.M., the Food Service Director (FSD), who arrived in the dining room while the surveyor was checking the temperature of the meal, said that food should be served to the residents at a temperature of 130-140 degrees. He said that this tray was not warm enough to serve to a resident. During an interview on 12/31/25 at 8:36 A.M., Certified Nurse Aide (CNA) #2 said that there are a lot of residents who require assistance with meals on the first-floor unit. She said it takes a long time for staff to assist them all and the food often gets cold before it can be served to the residents. She said there are not enough staff to assist all of the residents timely with meals. During an interview on 12/31/25 at 1:00 P.M., the Director of Nurses said that meals should be served timely and at appropriate and safe temperatures for the residents.