

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2025
NAME OF PROVIDER OR SUPPLIER  Brandon Woods of Dartmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  567 Dartmouth Street South Dartmouth, MA 02748	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who experienced a change in condition on 8/08/25, the Facility failed to ensure the Provider was notified. Findings include: Review of the Facility's Policy titled, Change in a Resident's Condition or Status, dated as revised, May 2017, indicated the following: -the facility shall promptly notify the resident's physician and representative of changes in the resident's medical, mental condition or status; - the nurse will notify the resident's physician when there has been a significant change in the resident's physical, emotional or mental condition; -the nurse will notify the resident's physician when there has been a need to alter the resident's medical treatment significantly; -unless otherwise instructed, the nurse will notify the resident's representative when there is a significant change in the resident's physical, mental or psychosocial status; Resident #1 was admitted to the Facility in April 2024, diagnoses included shock, sepsis, cellulitis, chronic kidney disease stage 3, acute on chronic respiratory failure with hypoxia, inflammatory liver disease, and chronic pulmonary edema. Review of an Interdisciplinary Progress Note, (written by Nurse #2) and Resident #1's Medication Administration Record (MAR), dated 8/08/25, (signed off by Nurse #2), indicated that Resident #1's Oxygen Saturation (how much oxygen is being transported through the body) level was 84% (severe hypoxemia - dangerously low oxygen level) (Normal Range: 95% - 100%). Review of an Interdisciplinary Progress Note, (written by Nurse #2), dated 8/10/25 at 5:00 A.M., indicated that Resident #1 has been using oxygen consistently and may need to be on continuous oxygen, currently utilizing oxygen at 4 Liters via nasal cannula, noted in MD binder. Review of an Interdisciplinary Progress Note, (written by Nurse #2), dated 8/10/25 at 8:47 A.M., (written by Nurse #2), indicated that Resident #1 appears to be increasingly more anxious with intermittent moments of confused statements that make little to no sense, findings noted in MD binder for review when provider is reportedly in house at start of week. During a telephone interview on 09/04/25 at 12:26 P.M., Nurse #2 said that Resident #1 was on oxygen as needed and when she checked his/her oxygen saturation, the level was 84 % (with oxygen). Nurse #2 said that it was a very low oxygen level and she increased Resident #1's oxygen Liter flow to 4 L (Liters per minute). Nurse #2 said that Resident #1 required continuous oxygen and required a higher Liter flow to maintain normal oxygen saturation levels and said this was new for him/her. Nurse #2 said that she did not notify the Physician or the Nurse Practitioner and said she left a note for the Physician in the Physician's folder about the change in condition. During a telephone interview on 9/04/25 at 12:00 P.M., the Physician said that she was not notified that Resident #1 was hypoxic and had an oxygen saturation level of 84% (with oxygen) and was not notified that he/she required a higher level of Liter flow to maintain normal oxygen saturation levels. The Physician said that Resident #1 was on oxygen as needed to maintain normal oxygen saturation levels. The Physician said that it was her expectation that nurses would notify her if a resident was hypoxic, had a low oxygen saturation level and/or required a higher Liter flow to maintain normal oxygen saturation level. The Physician said that is a significant change in condition and she expected to be notified immediately. During an interview on 9/04/25 at 1:45 P.M., the Unit Manager said that Resident #1 was on oxygen as needed and said she was unaware that Resident #1 required the use of continuous oxygen. The Unit Manager said that she was unaware that Resident #1 had a low oxygen saturation level and required a higher oxygen Liter flow to maintain normal oxygen levels. The Unit Manager said that she expected nurses to notify the Physician or NP of a low oxygen saturation level. The Unit Manager said that a low oxygen saturation level is a change in condition and should be reported to the Provider so that it can be addressed immediately. During a telephone interview on 9/04/25 at 2:04 P.M., Nurse Practitioner (NP) #1 said that she was not notified that Resident #1 had an oxygen saturation level of 84% and was not notified that he/she required a higher level of Liter flow to maintain normal oxygen saturation levels. The NP said that it was her expectation that nurses would notify her if a resident had a low oxygen saturation level and/or required a higher Liter flow to maintain normal oxygen saturation level. The NP said that is considered a significant change in condition and she should be immediately notified. Review of Resident #1's medical record indicated that there was no documentation to support that Nurse #2 notified his/her NP or Physician of Resident #1's low oxygen saturation level and requiring a higher Liter flow of oxygen. During an interview on 9/04/25 at 2:25 P.M., the Director of Nursing (DON) said she was not notified that Resident #1 had an oxygen saturation level of 84% and required a higher liter flow of oxygen to maintain normal oxygen saturation levels. The DON said that it was her expectation that nurses notify the Provider immediately of a low oxygen saturation level as well as if a resident required a higher liter flow of oxygen to</p>		