STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225259	A. Building B. Wing	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at West Acres	804 Pleasant Street Brockton, MA 02301

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 - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation and interviews, the facility failed to ensure residents received food prepared by methods that conserve nutritive value, flavor, and appearance, and was palatable, attractive, and at a safe and appetizing temperature for two of two test trays. Findings include:During the initial resident screening on 9/16/25, the survey team identified the following concerns expressed by residents about food palatability:-Resident #53 said the food was often served cold.-Resident #103 said the food was cold 90% of the time, but the staff will reheat it, if you ask.-Resident #37 said the food was always cold and gross.On 9/17/25 at 11:15 A.M., 10 Residents attended the Resident Council Meeting. 10 out of 10 residents agree that the food temperatures are not always hot enough, and the food is lukewarm.On 9/17/25 at 11:55 A.M., the surveyor requested a test tray on the Station Two Unit. The tray arrived at the unit at 12:30 P.M.On 9/17/25 at 12:44 P.M., the surveyor and Certified Nursing Assistant (CNA) #1 completed the test tray together, 14 minutes after arrival on unit. The food temperatures were as follows:-Meatloaf 119.8 Fahrenheit (F); meatloaf was flavorful, but it is lukewarm-Puree meatloaf: 123.4 F; has good flavor and warmer than the other meatloaf, but still lukewarm-Mashed potatoes: 126.2 F; cold and lacking flavor-Mixed vegetables: 121.4 F; cold with no flavor-Coffee: 153.7 F; no concerns notedCNA #1 sampled food items on the test tray along with the surveyor and confirmed concerns related to temperature and palpability. On 9/18/25 at 7:40 A.M., the surveyor requested a test tray on Station Three Unit. The test tray arrived at the unit at 8:21 A.M.On 9/18/25 at 8:42 A.M., the surveyor and Nurse #1 completed the test tray together, 21 minutes after arrival on unit. The food temperatures were as follows:-Eggs 111.6 F; taste okay, but cold, just plain eggs-Hot cereal: 100.2 F; very cold, rubbery texture with a lot of cinnamon-Blueberry muffin: 95.2 F; good flavor-Milk: 43.6 F; no concerns noted-Juice: 44.7 F; no concerns noted-Coffee: 150.9 F; no concerns noted.Nurse #1 sampled food items on the test tray along with the surveyor and confirmed concerns related to temperature and palpability. During an interview on 9/18/25 at 8:42 A.M., Resident #22 said the eggs were lukewarm.During an interview on 9/18/25 at 8:42 A.M., Resident #123 said the eggs were warm, but would have liked them to be warmer.During an interview on 9/18/25 at 8:42 A.M., Resident #49 said the oatmeal was not good, it was barely warm, and he/she could only have one scoop.During an interview on 9/18/25 at 10:12 A.M., the Food Service Director (FSD) and the surveyor reviewed the observations and test tray results from the lunch and breakfast services observed. The FSD said hot foods need to be at least 135-140 F and cold foods need to be below 39 F when served to the residents. FSD said the meal trucks should be passed timely to ensure the food stays at an appetizing temperature. During an interview on 9/18/25 at 11:03 A.M., the Administrator, Regional Nurse and the surveyor reviewed observations and test tray results from the lunch and breakfast services observed. The Administrator said she is not sure what time frame it should take for the meals to be served once arriving on the unit, however over 40 minutes seems long for our typical process.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, document review, and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to:1. Ensure emergency water supply was discarded and replenished prior to the expiration date.2. Maintain safe and clean equipment in three out of three kitchenettes.Findings include:Based on observation, document review, and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to:1. Ensure emergency water supply was discarded and replenished prior to expiration date; and2. Maintain safe and clean equipment in three out of three kitchenettes. Findings include: 1. Review of the facility's policy titled 4.0 Disaster Plan Policy, dated as last revised 1/5/2018, indicated but was not limited to the following:-Water will be maintained at all times, as follows: 3-day supply of potable water. On 9/16/25 at 8:39 A.M., the surveyor and the Food Service Director (FSD) observed the following in the Station Three main dining room closet:-23 cardboard boxes with the expiration date of 7/31/25 printed on the outside of the boxes. Inside the boxes were 6 one-gallon containers of water, for a total of 138 gallons of water. All had an expiration date of 7/31/25, printed on the outside of the plastic container. During an interview on 9/16/25 at 3:16 P.M., the FSD said she orders the emergency water for the facility but does not have a process to check the water supply or rotate it out prior to expiration. She said she should have been keeping track of the expiration dates. During an interview on 9/18/25 at 11:18 A.M., the Administrator said the expiration date should be checked when the water is received. The Administrator said the facility should have a process to track the emergency water supply. 2. Review of the 2022 Food Code by the Food and Drug Administration (FDA), indicated but was not limited to:-4-1 Materials for Construction and Repair 4-101 Multiuse 4-101.11 Characteristics. Materials that are used in the construction of UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT may not allow the migration of deleterious substances or impart colors, odors, or tastes to FOOD and under normal use conditions shall be: P (A) Safe; P (B) Durable, CORROSION-RESISTANT, and nonabsorbent; (C) Sufficient in weight and thickness to withstand repeated WAREWASHING; (D) Finished to have a SMOOTH, EASILY CLEANABLE surface; and (E) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition. -4-6 Cleaning of Equipment and Utensils 4-601 Objective 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. FDA Food Code 2022 Chapter 4 Equipment, Utensils, and Linens Chapter 4 - 21 (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. Pf (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.On 9/16/25 at 10:10 A.M., the surveyor observed the following in the Station Three kitchenette:-Inside the microwave, it was noted to have brown stains and dried food particle spatter on the top and bottom right front corner of microwave. On the inside top right corner of the door, there were rusted brown areas above the black mesh screen.On 9/16/25 at 11:05 A.M., the surveyor observed the following in the Station One kitchenette:-Inside the microwave, there was dried food particle splatter covering the top, sides, and door. On the top was peeling silver residue.On 9/16/25 at 4:02 P.M., the surveyor observed the following in the Station Two kitchenette:-Inside the microwave, there was dried food particle splatter and rust brown areas on the top and left-hand side around the vent screen.During an interview with observation of Station One, Two and Three kitchenettes on 9/18/25 at 1:58 P.M., the FSD said the kitchen staff is responsible for cleaning and maintaining the kitchenettes. She said all the microwaves are dirty and need cleaning. The FSD said she can see rusted spots on the top of the microwave on the Station One unit, and it should not be in use.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interviews and record review, the facility failed to ensure quality of care was provided, according to the plan of care and professional standards of practice for one Resident (#14), out of 23 total sampled residents. Specifically, the facility failed for Resident #14, to ensure wound care treatments to a right heel diabetic wound were reflective of recommendations from the Physician Wound Consultant. Findings include:Resident #14 was admitted to the facility in March 2025 with diagnoses including diabetes, peripheral artery disease and a non-pressure chronic ulcer (wound) on the right heel and midfoot.Review of the care plans indicated Resident #14 was at risk for skin breakdown related to impaired mobility, weakness, and diabetes with an approach including to have the wound team consult and treat as indicated.Review of the medical record indicated Resident #14 had multiple hospitalizations since being admitted to the facility in March 2025. Resident #14 had an infected right heel wound and had declined to have an amputation. Review of the medical record indicated the following treatment order was in place for the right heel upon re-admission in August 2025:-cleanse right heel wound with normal saline; pack with Alginate silver rope, cover with a dry protective dressing and Kerlix (gauze wrap) followed by ace wrap every 48 hours.Review of the Physician Wound Consultant Progress Note, dated 8/12/25, indicated the following treatment to the right heel wound:-cleanse with normal saline, apply calcium alginate with silver, lightly pack with a Q-Tip to base of wound, secure with ABD pad, rolled gauze, change daily and as needed.Review of the Physician Wound Consultant Progress Notes, dated 8/12/25, 8/20/25, 9/3/25, and 9/10/25, indicated the treatment was recommended daily and not every 48 hours.Review of the August and September 2025 Treatment Administration Records (TAR) indicated a treatment to the right heel was conducted every other day from 8/12/25 through 9/17/25 and not daily as indicated by the Physician Wound Consultant.During an interview on 9/19/25 at 9:39 A.M., the Medical Director and primary physician for Resident #14 said he defers wound treatment decisions to the Physician Wound Consultant. He said if the Physician Wound Consultant made changes to a treatment the nursing staff would call him for approval, and he had not declined any treatments for Resident #14.During an interview on 9/19/25 at 10:10 A.M., Unit Manager #1 said the Resident had not gone out to a wound clinic or podiatrist since re-admission from the hospital in August 2025 and was followed by the Physician Wound Consultant. The Unit Manager said Resident #14's right heel wound treatment was completed every other day. The Unit Manager reviewed the Physician Wound Consultant Progress Notes and said she was unaware the treatments were recommended to be completed daily. She said the Assistant Director of Nurses (ADON) completed wound rounds with the Physician Wound Consultant and would inform the unit nurses if there were any changes.During an interview on 9/19/25 at 11:10 A.M., the ADON said Resident #14 was seen by the Physician Wound Consultant weekly and the treatment to the right heel was to be completed every other day. She reviewed the Physician Wound Consultant Progress Notes and said she also had her own handwritten sheets with treatments from wound rounds. The ADON reviewed her handwritten notes and said she had not noticed that the Physician Wound Consultant had recommended for treatments to the right heel to be completed daily and the order had not been changed to reflect this.

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on interview and record review, the facility failed to ensure laboratory (lab) services were obtained for one Resident (#5), out of a total sample of 23 residents. Specifically, the facility failed to follow the physician's telephone order (T.O.) to obtain a CBC (complete blood count), CMP (comprehensive metabolic panel), and BMP (Basic Metabolic Panel) for Resident #5 who was on a blood thinner and experiencing nose bleeds. Findings include:Resident #5 was admitted to the facility in July 2020 with a diagnosis of atrial fibrillation (AFib, a common heart rhythm disorder) and was on a blood thinner to prevent blood clots.During an interview on 9/16/25 at 10:55 A.M., Resident #5 said he/she was on a blood thinner and had been having nose bleeds.Review of the current Physician's Orders for Resident #5 included the following:-Eliquis 2.5 milligrams (mg) twice per day-obtain labs as ordered by the physicianReview of the nursing progress notes for Resident #5 indicated the following:-8/16/25: moderate about of active bleeding from the left nostril, pressure dressing applied, Nurse Practitioner (NP) contacted and ordered to hold Eliquis evening dose-8/22/25: nosebleed with small amount of blood noted, pressure dressing applied, NP contacted and ordered to hold Eliquis evening dose-8/29/25: nosebleed from left nostril, pressure dressing applied, NP contacted and order for CBC, CMP and BMP labs to be completed on 9/2/25.-9/7/25: nosebleed from left nostril, pressure dressing applied, ice pack applied, NP contacted and subsequent two doses of Eliquis held.Review of the medical record on 9/18/25 failed to indicate the CBC, CMP or BMP labs had been obtained on 9/2/25.During an interview on 9/18/25 at 11:18 A.M., Nurse #2 reviewed the medical record for Resident #5 and said she could not locate lab results in the electronic medical record. She then checked the electronic lab portal and said labs were not obtained for Resident #5 in September 2025.During an interview on 9/18/25 at 1:41 P.M., Unit Manager #2 said the labs were not completed as ordered by the NP for 9/2/25 and that the nurse must have missed entering them in the lab portal.During an interview on 9/19/25 at 12:00 P.M., the Director of Nurses said there was no policy for obtaining labs as ordered and the nurses were expected to follow physician's orders.