

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Care One at Newton		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 Washington Street Newton, MA 02462	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who had a diagnosis of diabetes mellitus, Peripheral Vascular Disease (PVD), and peripheral neuropathy, the facility failed to ensure foot care, including toenail care, was provided in a timely manner once requested. Findings include: Review of the Facility Policy titled Foot Care, dated as last revised 10/2022, indicated residents are provided with foot care and treatment to maintain mobility and foot health. The Policy indicated the following: -Overall foot care includes the care and treatment of medical conditions to prevent foot complications from these conditions (diabetes, peripheral vascular disease, immobility, etc.); -Residents are assisted with making appointments and with transportation to and from specialists (podiatrist, endocrinologist, etc.) as needed; and -Residents with foot disorders or medical conditions associated with foot complications are referred to qualified professionals. Foot disorders that require treatment include corns, neuroma, calluses, hallux valgus (bunions), digiti flexus (hammertoe), heel spurs, and nail disorders. Resident #1 was admitted to the Facility in March 2023, diagnoses include diabetes mellitus, peripheral vascular disease, diabetic neuropathy, and a history of a right below the knee amputation. Review of Resident #1's Document of Resident Incapacity Form dated 05/31/23, indicated his/her Health Care Proxy (HCP) had been activated. During a telephone interview on 07/14/25 at 2:56 P.M., Resident #1's Health Care Agent (HCA) said that he/she was a diabetic and that starting around 09/2024, along with his/her palliative care Nurse Practitioner (NP), had requested that he/she be seen by a podiatrist to cut his/her toenails. The HCA said that it took months before a Podiatrist treated Resident #1's toenails despite multiple requests over several months. Review of Resident #1's Physician's Orders, dated 08/27/24, indicated to consult Podiatry Care as needed. Review of Resident #1's Palliative Care Initial Visit Communication Form, written by the Nurse Practitioner, (NP), dated 09/18/24, indicated a recommendation to add Resident #1 to the facility's podiatry list. Review of Resident #1's Palliative Care Follow-up Form written by the NP, dated 10/23/24, indicated that he/she was still in need of podiatry and again recommended to add Resident #1 to the podiatry list. Review of Resident #1's Palliative Care Follow-up Form written by the NP, dated 11/07/24, indicated that he/she was still in need of podiatry and again recommended to add Resident #1 to the podiatry list. Review of Resident #1's Palliative Care Follow-up Form written by the NP, dated 01/08/25, indicated that his/her toenails were long, he/she had not yet been seen by a podiatrist and again recommended to place Resident #1 on the podiatrist list. During a telephone interview on 07/17/25 at 11:50 A.M., The Customer Care Specialist for the Facility's Podiatry Care, said that a Podiatrist visits the Facility on a quarterly basis and a podiatrist had been in the Facility for residents requiring routine podiatry foot care on 10/07/24, 12/26/24, and 02/28/25. Review of Resident #1's medical record indicated that there was no documentation to support that he/she had been referred to or had been seen the Podiatrist, despite being in the Facility on 10/07/24 and 12/26/24 for service to other residents. Review of Resident #1's consent to receive a Podiatry Consult via a third-party vendor was dated and signed 01/08/25 by his/her Health Care Agent (HCA). Review of Resident #1's Podiatry Visit Note, dated 02/28/25, indicated he/she had an initial exam and treatment for foot care. The Note further indicated Resident #1's left foot toenails were: -Elongated (long in relation to width, especially unusually so); -Dystrophic (abnormal changes in texture, growth, color, or shape of toenails); -Discolored; -Mycotic (caused by or related to fungus); -Thick; -Yellow; -Lytic (separation of the nail plate from the nail bed); and -Nail thickness of nine (9) millimeters (mm) for great left toe, and four (4) mm for all other toenails and all toenails required debridement (average nail toenail thickness for men is 1.65 mm). During a telephone interview on 07/22/25 at 11:32 A.M., the Palliative Care Nurse Practitioner (NP) said that she does not know why Resident #1 was not seen in a timely manner and said she had requested via recommendations in her visit notes, to have Resident #1 added to the Facility Podiatry list multiple months in a row. During an interview on 07/15/25 at 01:14 P.M., the Assistant Director of Nurses (ADON), said that she was not aware that the NP recommended that Resident #1 be placed on the list to be seen by the Podiatrist. The ADON said that the Podiatrist rounds at the facility on a quarterly schedule and was in the Facility on 10/07/24 and 12/26/24. During an interview on 07/15/25 at 4:06 P.M., the Director of Nurses (DON) said that he was not aware Resident #1 required footcare from the Facility Podiatrist. The DON said that the Facility's expectation is that upon admission, all residents and/or their activated HCA, are to be educated by nursing staff on the consent for receiving additional services such as podiatry, audiology, and vision. The DON said when a request or recommendation is made by the resident, HCA, or provider to be</p>		