STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225268	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Newton	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)
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 records reviewed and interviews, for one of five sampled residents (Resident #1), who was medically compromised, the facility staff failed to ensure a physician ordered antibiotic medication, which was available in the facility's emergency medical supply, was administered in a timely manner, placing him/her at risk for a worsening condition.Findings include:Review of the facility's policy, titled Charting and Documentation, with a revision date of 06/2017, indicated the following:-All services provided to the resident, progress toward the care plan and goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record.-The following information is to be documented in the resident's medical record:*Medications administered.Resident #1 was admitted to the facility in June 2025, diagnoses included multiple pressure injuries, Type 2 Diabetes Mellitus, severe protein-calorie malnutrition, and hemiplegia/hemiparesis (paralysis/weakness) following a cerebral infarction affecting his/her left side.Review of Resident #1's Nursing Progress Note, dated 10/05/25 at 7:17 P.M., indicated Resident #1 had a reddened genital area with swelling which was tender to touch. The [on-call] Nurse Practitioner was notified and gave an order to start Levofloxacin (antibiotic) 500 milligrams (mg) daily for 10 days and for Resident #1 to be seen the following day by a Nurse Practitioner or Physician.Review of Resident #1's Medication Administration Record (MAR) for the month of October 2025, indicated the first dose of Levofloxacin was not administered to him/her until 10/06/25 at 9:00 A.M. (14 hours after the order was received).Review of the lists of medications available at the facility from both the everyday medication dispensing machine and the emergency medication dispensing machine, indicated Levofloxacin 500 milligram tablets and/or Levofloxacin 250 mg tablets were available.During an interview on 12/31/25 at 3:55 P.M., Nursing Supervisor #1 said that he was on duty on 10/05/25 and obtained the order for Resident #1's antibiotic from the on-call Nurse Practitioner. Nursing Supervisor #1 said that he entered the order in Resident #1's Medication Administration Record (MAR) with the first dose to be given the following morning (10/06/25) because he thought that was what he was supposed to do.During a telephone interview on 01/02/26 at 10:25 A.M., Physician #1 said he had reviewed Resident #1's medical record [the Nurse Practitioner no longer works for the company] and said the first dose of the antibiotic should have been administered on 10/05/25, the evening the order was given to nursing.During a telephone interview on 01/02/26 at 1:28 P.M., the Director of Nurses (DON) said all medications administered by nursing are documented on the residents' MAR. The DON said when a nurse receives a new antibiotic order, the first dose should be administered to the resident. The DON said he considered 7:00 P.M. and thereabouts, a reasonable time and that Resident #1 should have received his/her first dose of the Levofloxacin on the evening of 10/05/25.

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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. (continued on next page)

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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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews, for one of five sampled residents (Resident #1), who was medically compromised and had orders for blood laboratory work to be obtained, the facility staff failed to ensure his/her abnormal laboratory values were reported to his/her physician by nursing in a timely manner, placing him/her at risk for complications.Findings include:Review of the facility's policy, titled Change in Resident's Condition or Status, with a revision date of 02/2021, indicated the nurse will notify the resident's attending physician or physician on-call when there has been a significant change of condition that will not normally resolve itself without intervention by staff of by implementing standard disease-related clinical interventions (is not self-limiting).Resident #1 was admitted to the facility in June 2025, diagnoses included multiple pressure injuries, Type 2 Diabetes Mellitus, severe protein-calorie malnutrition, and hemiplegia/hemiparesis (paralysis/weakness) following a cerebral infarction affecting his/her left side.Review of Resident #1's medical record indicated he/she had a physician's order, dated 10/03/25, to obtain a laboratory test for Sedimentation Rate (ESR, a blood test used to identify inflammation), C Reactive Protein (CRP, a blood test used to identify inflammation, elevated levels may indicate acute inflammation), and Basic Metabolic Panel (BMP).Review of Resident #1's laboratory results, dated 10/03/25, which were reported to the facility on [DATE] at 11:25 A.M., indicated the following:-Sedimentation Rate (ESR) result 99 mm/hr (millimeters per hour) High- normal range is 0-15 mm/hr-C Reactive Protein (CRP) result >80 mg/l (milligrams per liter)-normal range is 0.0-9.9 mg/lReview of Resident #1's medical record indicated there was no documentation to support that Resident #1's physician had been notified of the abnormal laboratory results.Review of Resident #1's Wound Physician's Evaluation and Management Summary, dated 10/06/25, indicated the following:-Resident #1 had cellulitis of the genital area (for at least one day).-Resident #1 had a new (less than one day) autoimmune disease-induced wound of the left thigh measuring 5 centimeters (cm) x 5 cm x 0. 1 cm with a moderate amount of serous exudate (pale yellow drainage).-Further review of the Summary indicated Wound Physician #1 reviewed Resident #1's laboratory values and due to his/her elevated ESR and CRP levels, the Physician indicated Resident #1 needed to be transferred to the Hospital Emergency Department (ED) for further evaluation and intravenous antibiotic.Review of Resident #1's Nursing Progress Note (written by Nurse #1), dated 10/05/25 at 10:43 P.M., indicated Resident #1 had labs drawn and Nurse #1 had been calling the Doctor's number on profile and had not received a call back yet.The Surveyor was unable to interview Nurse #1, as she did not respond to the Department of Public Health's telephone or letter requests for an interview.Review of Resident #1's Nursing Progress Note (written by Nursing Supervisor #1), dated 10/05/25 at 7:17 P.M., indicated Resident #1 had a reddened genital area with swelling which was tender to touch. The [on-call] Nurse Practitioner was notified and gave an order to start Levofloxacin (antibiotic) 500 milligrams (mg) daily for 10 days and for Resident #1 to be seen the following day by a Nurse Practitioner or Physician.During an interview on 12/31/25 at 3:55 P.M., Nursing Supervisor #1 said that he was on duty on 10/05/25 and obtained the order for Resident #1's antibiotic from the on-call Nurse Practitioner. Nursing Supervisor #1 said if he had reviewed Resident #1's laboratory results he would have documented that he had done so in the Nursing Progress Note.During a telephone interview on 01/02/26 at 10:25 A.M., Physician #1 said he had reviewed Resident #1's medical record [the Nurse Practitioner no longer works for the company] and there was no documentation to support that Resident #1's lab results were reported a provider. Physician #1 said he would have expected the lab results to have been reported when the on-call Nurse Practitioner was updated with Resident #1's new clinical findings on 10/05/25.During a telephone interview on 01/02/26 at 10:05 A.M., Wound Physician #1 said he had ordered labs that were drawn on 10/03/25 for Resident #1 due to his/her chronic wound infections. Wound Physician #1 said abnormal lab results should be called in to the resident's primary care provider as he is only in the facility every Monday. Wound Physician #1 said that it was not uncommon for him and the primary care providers to collaborate on a plan of care based on lab results and said he was not notified of Resident #1's lab results until he was in the facility to evaluate him/her on 10/06/25.Wound Physician #1 said Resident #1's lab results indicated an acute on-chronic condition and the new wound on his/her thigh may have been related to the genital area edema. Wound Physician #1 said he determined that Resident #1 needed to be transferred to the Hospital Emergency Department (ED) for evaluation and treatment.During a telephone interview on 01/02/26 at 1:28 P.M., the Director of Nurses said when the nurses receive residents' abnormal lab results

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on records reviewed, observations, and interviews for three of five sampled residents (Resident #3, Resident #4, and Resident #5), who required specific infection control precautions, the facility failed to ensure staff providing direct care (Certified Nurse Aides) implemented and followed infection control precautions which included the need to wear the appropriate Personal Protective Equipment (PPE) during the provision of care.Findings include:1) Review of the facility's policy, titled Enhanced Barrier Precautions, dated 12/2024, indicated the following:-Enhanced Barrier Precautions (EBP) refer to infection prevention and control interventions designed to reduce the transmission of multi-drug-resistant organisms (MDROs) during high contact resident care activities.-EBP applies when a resident has a wound or indwelling medical device. -Gloves and gowns are applied prior to performing the high contact resident care activity.-Examples of high contact resident care activities requiring the use of gowns and gloves for EBPs include:*dressing*providing bed mobility*changing linen*providing hygiene or grooming-Signs are posted on the door or wall outside the residents' rooms which will communicate the type of precautions and PPE required.Resident #3 was admitted to the facility in August 2025, diagnoses included Benign Prostatic Hyperplasia (BPH) with indwelling urinary catheter (a tube inserted into the bladder to allow drainage of urine) and sacral pressure injury.Review of Resident #3's Care Plan for use of indwelling urinary catheter, renewed and reviewed with last Minimum Data Set (MDS) assessment, indicated an intervention for staff to maintain Enhanced Barrier Precautions.During an observation and interview on 12/31/25 at 1:00 P.M., the surveyor observed a sign outside of Resident #3's room indicating he/she required EBP. The surveyor observed Certified Nurse Aide (CNA) #1 in Resident #3's room, without a gown on, adjusting his/her bed linens and repositioning him/her in bed.CNA #1 said she only needed to wear a gown when she was assisting the nurses with Resident #3's wound care. CNA #1 said she did not need to wear a gown when she was providing care for him/her.2) Review of the facility's policy, titled Isolation-Categories of Transmission-Based Precautions, dated 09/2022, indicated Contact Precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment.-Staff and visitors wear gloves when entering the room and remove them before leaving the room.-Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room.Resident # 5 was admitted to the facility in October 2025, diagnoses included Methicillin Resistant Staphylococcus Aureus (MRSA- a drug-resistant organism), tracheostomy (a surgical opening into the windpipe to allow for breathing), and urinary retention with use of an indwelling urinary catheter.Review of Resident #5's Physician's Orders for the month of December 2025, indicated he/she had an order for Contact Precautions due to MRSA in his/her respiratory [tract] and Multiple Drug Resistant [organism] in his/her urine.During an observation and interview on 12/31/25 at 1:09 P.M., the surveyor observed a sign outside of Resident #5's room indicating he/she required Contact Precautions. The surveyor observed Certified Nurse Aide (CNA) #2, without a gown on, seated next to Resident #5's bed, assisting him/her to eat.CNA #2 said she thought she should have worn a gown when she was in Resident #5's room but said she did not wear one because no one told her what type of precautions Resident #5 required.3) Review of the facility's policy, titled Infection Prevention and Control Program, dated 12/2023, indicated important facets of infection prevention include:-Implementing appropriate enhanced barrier and transmission-based precautions when necessary.-Following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).Resident #4 was admitted to the facility in December 2025, diagnoses included pancytopenia (low levels of red and white blood cells and platelets- causing fatigue and increased risk of infections and bleeding), colostomy (a surgical opening into the colon to allow for passage of stool), and acute and subacute endocarditis (infection of the heart's inner lining).During an observation and interview on 12/31/25 at 1:13 P.M. the surveyor observed a sign outside of Resident #4's room indicating he/she required Neutropenic Precautions which include:-Hand Hygiene when entering the room and before leaving the room.-Apply gloves before entering the room and remove them before leaving the room.-Apply a gown before entering the room and remove it before leaving the room.-Apply a mask before entering the room if you have a respiratory infection.-The patient may leave the room if wearing a mask.The surveyor observed Certified Nurse Aide (CNA) #3 enter Resident #4's room without applying gloves or gown, he proceeded into Resident #4's room, then turned back and applied a pair of gloves but no gown, then proceeded back into his/her room Certified Nurse Aide