

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 04/06/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records reviewed, for one of seven sampled residents (Resident #7), who had been issued of Notice of Intent to Discharge and was to be transferred to another long-term care facility, the Facility failed to ensure they provided written notices of intent to discharge to the Office of the Long-Term Care Ombudsman, as required. Findings include: Review of the Facility Transfer and Discharge Policy, dated as revised March 2025, indicated that residents had the right to remain in the Facility and residents had the right to appeal discharge and transfer through the state agency that handles appeals upon receipt of a written notice of transfer or discharge. Review of Resident #7's medical record indicated that he/she was admitted to the Facility during June 2025 with diagnoses that included depression and anxiety. Review of Resident #7's Quarterly Minimum Data Set (MDS) Assessment, dated 2/26/26, indicated his/her cognitive patterns were intact. Resident #7's record contained a 30-Day Notice of Intent to Discharge, dated 3/31/26. The Notice indicated it was hand delivered to Resident #7 on 3/31/26 at 2:50 P.M. and notified him/her of the Facility's determination that a discharge was necessary for Resident #7's welfare because the Facility could not meet his/her needs. The Notice indicated the Facility intended to discharge Resident #7 to another long-term care facility on 4/30/26. Resident #7's record contained no documentation to support that the Facility had provided a copy of the Notice of Intent to Discharge Resident #7 to the Office of the Long-Term Care Ombudsman. During an interview on 4/07/26 at 11:00 A.M., Resident #7 said that the Facility handed him/her the Notice of Intent to discharge on [DATE]. Resident #7 said that when he/she contacted the Ombudsman about the Notice, the Ombudsman told him/her that their office had not received a copy of the Notice. During an interview on 4/02/26 at 9:30 A.M., the Ombudsman said that the Facility had not provided the Ombudsman office with a copy of the Notice of Intent to Discharge Resident #7. In an email on 4/06/26, the Ombudsman confirmed that the Ombudsman office still had not received a copy of the Notice of Intent to Discharge Resident #7, During an interview on 4/06/26 at 3:05 P.M, the Assistant Administrator said that he or his designee generally faxed discharge notices to the Office of the State Long-Term Care Ombudsman, however he could not find any documentation to support that the Facility had done so for Resident #7.</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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