STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, interviews, and records reviewed, the facility failed to adhere to infection control standards of practice to prevent contamination and the potential spread of infections on two units (Unit B1 and Unit A2) out of three units and five Residents (#60, #121, #122, #15, and #5) out of a total sample of 24 residents. Specifically, the facility failed to ensure:On Unit B1, that facility staff adhered to the appropriate Personal Protective Equipment (PPE) protocols for removal of PPE for two Residents (#60 and #121) who were on Transmission-Based Precautions (TBP) for COVID/Influenza infections.On Unit A2, that facility staff:-adhered to the appropriate PPE protocols for three Residents (#122, #15, and #5) when posted signage indicated Droplet Precautions.-ensured the correct signage was posted for Resident #122 and Resident #5, who were also on Contact Precautions, in addition to Droplet Precautions.-performed hand hygiene as required, to prevent contamination and the potential spread of infection. Findings include:Review of the facility's policy titled Isolation - Categories of Transmission - Based Precautions [TBP], revised September 2022, indicated but was not limited to the following: Policy statement: Transmission-Based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk for transmitting the infection to other residents. Policy interpretation and implementation: >Transmission-Based Precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-Based Precautions are Contact, Droplet and Airborne. >When a resident is placed on Transmission-Based Precautions, appropriate notification is placed on the room entrance door.so that personnel and visitors are aware of the need for and the type of precaution.The signage informs the staff of the type of CDC precautions(s), instructions for use of PPE. -Contact Precautions: >Staff and visitors wear gloves when entering the room.Gloves are removed and hand hygiene performed before leaving the room. >Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room. -Droplet Precautions: (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	>Masks are worn when entering the room, >Gloves, gown and goggles are worn if there is risk of spraying respiratory secretions. Review of the facility's policy titled Handwashing/Hand Hygiene, revised October 2023, indicated but was not limited to the following: -Policy statement: This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. -Policy interpretations and implementation: >All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. -Indications for Hand Hygiene: >.Immediately before touching a resident, >.After touching a resident, > After touching the resident's environment, >.Immediately after glove removal. -Use an alcohol-based hand rub containing at least 60% alcohol for most clinical situations. Review of the facility's policy titled Infection Prevention and Control Program, dated December 2023, indicated but was not limited to the following: -Policy statement: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. -The IPCP provides a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitor, and other individuals providing services under a contractual arrangement. -Prevention of infection: Important facets of infection prevention include: > .instituting measures to avoid complications or dissemination, >educating staff and ensuring that they adhere to proper techniques and procedures.>implementing appropriate.Transmission-Based Precautions when necessary; and >following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC). 1a. Resident #60 was admitted to the facility in September 2025. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/16/26 at 9:38 A.M., the surveyor observed that Resident #60's room on Unit B1 had a Droplet Precaution sign posted at the doorway. The surveyor observed Social Worker (SW) #1 remove her gloves, gown and face shield upon exiting Resident #60's room but did not remove her N95 mask. During an interview at the time, SW #1 said she did not remove her N95 mask but should have. SW #1 said the importance of removing all PPE when exiting a room requiring TBP's was to stop the spread of infection. 1b. Resident #121 was admitted to the facility in December 2025. Review of Resident #121's Order Summary Report with active orders as of 1/20/26, indicated: Droplet/Contact Precautions every shift for COVID/Flu, start date 1/13/26 On 1/20/26 at 9:01 A.M., the surveyor observed an Isolation Precaution sign posted at the doorway of Resident #121's room on Unit B1. The surveyor observed the Laboratory Technician remove her gloves, gown and face shield upon exiting Resident #121's room but did not remove her N95 mask. During an interview at the time, the Laboratory Technician said she usually leaves the N95 mask on after exiting residents' rooms who were on TBP. 2a. Resident #122 was admitted to the facility in February 2022. Review of the January 2026 Physician's Orders indicated: -Droplet/Contact Precautions related to Respiratory Syncytial Virus (RSV), every shift, start date 1/18/26 On 1/20/26 at 8:19 A.M., the surveyor observed the following relative to Resident #122's room on Unit A2: -Droplet Precaution signage posted which indicated: *everyone to cleanse hands including before entering and when leaving the room, *make sure eyes, nose and mouth are fully covered before room entry, *and remove face protection before room exit.^ -A PPE bin across from the Resident's room contained masks, eye protection and gloves. -CNA #3 entered Resident #122's room with^a surgical mask in place and put on (donned) gloves. CNA #3 did not don eye protection or a gown. -Resident #122 was seated in a wheelchair inside of the room, was not wearing a mask, and was observed occasionally coughing. -CNA #3 assisted Resident #122 with getting dressed, and then removed and discarded her gloves and mask, removed the Resident's breakfast tray from the room and walked down the hallway.^ 2b. Resident #5 was admitted to the facility in April 2025, and Resident #15 was admitted to the facility in January 2024. Both Resident #5 and Resident #15 resided in the same room on Unit A2. ^ Review of Resident #15's January 2026 Physician's Orders indicated: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Tamiflu 75 milligrams for prophylaxis for 10 days, initiated 1/18/26. ˆ Review of Resident #5's January 2026 Physician's Orders indicated: -Tamiflu 75 milligrams for prophylaxis for 10 days, initiated 1/18/26. -Respiratory Panel for cough and congestion, ordered 1/19/26. -Droplet/Contact Precautions for Upper Respiratory symptoms every shift, initiated 1/20/26. ˆ On 1/20/26 at 8:08 A.M., the surveyor observed the following Resident #15 and Resident #5's room: -Droplet Precaution signage posted outside of Resident #15 and Resident #5's room indicated for everyone to cleanse hands including before entering and when leaving the room, and to make sure eyes, nose and mouth are fully covered before room entry, and to remove face protection before room exit.ˆ -A PPE bin was observed near the Residents' room and contained masks, eye protection and gloves. -CNA #4 entered the room with only a surgical mask in place and exited the room a short time after. CNA #4 did not have gloves, eye protection or a gown and did not remove her mask and perform hand hygiene upon exiting the room. CNA #4 returned to the room with CNA #3 a few minutes later. Both CNA #3 and CNA #4 were observed entering the Resident's room with only surgical masks and gloves on and repositioned Resident #5 in his/her bed. CNA #4 was observed to remove her gloves, perform hand hygiene upon exiting the room but did not remove the surgical mask and was observed going to the Unit dining room.ˆ ˆ On 1/20/26 at 8:37 A.M., the surveyor observed CNA #3 entering Resident #5 and #15's room with a surgical mask and gloves on and did not don eye protection or a gown. CNA #3 sat in a chair at the bedside and assisted Resident #15 with his/her breakfast meal. Resident #5, who was also in the room and was in the adjacent bed was observed intermittently coughing.ˆˆ ˆ During an interview on 1/20/26 at 8:44 A.M., CNA #4 said Resident #5 was put on precautions the previous day (1/19/26) because the Resident became sick. CNA #4 said prior to entering Resident #5's room, staff should put on a mask, gloves and eye protection. CNA #4 said she did not put on eye protection when she entered Resident #5's room and should have. CNA #4 said she did not remove her surgical mask upon exiting the room and should have according to the posted signage outside of the Resident's room.ˆˆ ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/20/26 at 8:49 A.M., CNA #3 said she should have put on eye protection when she entered Resident #5 and #15's room according to the signage posted outside of the room but she did not.^^ ^ On 1/20/26 at 8:53 A.M., the surveyor observed CNA #2 entering Resident #5 and #15's room with only a surgical mask in place. Resident #5 was observed coughing. CNA #2 assisted in raising the head of Resident #5's bed, conversed with him/her at bedside, collected the Resident's breakfast tray and exited the room without removing her surgical mask and performing hand hygiene.^ ^ During an interview on 1/20/26 at 8:55 A.M., CNA #2 said the Droplet Precaution signage outside of the Resident #5 and #15's room was for Resident #15 because he/she was sick and was not aware of any concerns with Resident #5. Upon reviewing the Droplet Precautions signage with the surveyor, CNA #2 said she would need to put on a gown, gloves, and eye protection when working with Resident #15, but would not need to do that for Resident #5. During a follow-up interview on 1/20/26 at 9:00 A.M., CNA #2 said she spoke with the Assistant Director of Nurses (ADON) who said she should have put all of the PPE on according to the signage posted prior to entering the Resident # 5 and #15's room and should have removed all of the PPE, including the surgical mask, upon exiting the room and performed hand hygiene.^ ^ On 1/20/26 at 9:56 A.M., Laundry Staff #1 was observed to enter Resident #5 and #15's room with a gown, gloves and surgical mask in place, she did not have on eye protection. Laundry Staff #1 walked past Resident #5, who was observed lying in bed, and put clean laundry in Resident #15's closet. Upon exiting the room, Laundry Staff #1 was observed to remove the gown, gloves and mask and put on a new surgical mask without performing hand hygiene. ^ During an interview on 1/20/26 at 9:59 A.M., Laundry Staff #1 said she put on a gown, gloves and surgical mask to deliver laundry in Resident #15's room. Laundry Staff #1 said she did not put on eye protection prior to entering the Residents' room because she was only dropping off laundry and was not aware that she needed to. Laundry Staff #1 said she did not perform hand hygiene after removing the PPE and prior to putting on a new surgical mask. Laundry Staff #1 said it was important to follow the signage because of spreading infections.^^ ^ During a follow-up interview on 1/20/26 at 10:04 A.M., Laundry Staff #1 said she spoke with the Nurse who said she needed to also put on eye protection when entering a Droplet Precaution room and perform hand hygiene after removing/putting on PPE.^ During an interview on 1/20/26 at 4:05 P.M., Unit Manager (UM) #1 said several residents on the A2 Unit were being treated for Influenza A and RSV.^ UM #1 said Resident #122 was positive for RSV and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #5 had respiratory symptoms on 1/19/26 and was put on Droplet Precautions pending respiratory panel results. ˆ During an interview on 1/21/26 at 11:38 A.M., with the Infection Preventionist (IP) and the Regional Director of Clinical Services, the IP said the facility adheres to the CDC guidance on infections and PPE use. The IP said when a resident becomes symptomatic of an infection, the Nurses would assess the resident's symptoms, notify the provider and depending on the symptoms, initiate precautions pending any pending laboratory tests. The IP said Resident #122 was on Droplet/Contact precautions for RSV infection.ˆ The IP said Resident #5 was put on Droplet/Contact Precautions pending a respiratory panel and because he/she continued to have respiratory symptoms, so they remained in place. The IP said Resident #5 should be on Droplet and Contact Precautions and that all staff prior to entering the Resident's room should put on a mask, eye protection, gown and gloves.ˆ The IP said Contact Precaution signage should also have been posted outside of Resident #122 and Resident #5 and #15's room in addition to the Droplet Precautions signage but was not. The IP said upon exiting the room, all PPE should be discarded, including the surgical mask and hand hygiene preformed prior to donning another mask. The IP said it would be important for staff to don the appropriate PPE and doff PPE correctly and perform hand hygiene to prevent the spread of infectious diseases.ˆ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview, the facility failed to provide care and services that met professional standards of quality related to implementing Physician orders for medications and conducting assessments for one Resident's (#1) closed record out of three total closed resident records reviewed. Specifically, for Resident #1, the facility failed to ensure that:-Nurse #2 administered Physician ordered medications and completed vital signs and pain assessments as ordered when Nurse #2 held (not administered and not completed) Resident #1's medications and assessments on two shifts for two days with the Resident's consent not signed documented as the reason for holding care and services. -Nurse #2 reviewed and implemented Resident #1's admission agreement that included consent to admission and treatment, placing the Resident at risk for medical complications. Findings include:Review of the facility's Admissions Policy, dated 2001 and revised December 2006, indicated the following:-The primary purpose of the Policy was to establish uniform guidelines for personnel to follow in admitting residents to the facility.-Objectives of the Admissions Policy included: -To admit residents who can be adequately cared for by the facility. -To review with the resident, and/or his/her representative, the facility's policies and procedures relating to . resident care . Review of the facility's Medication Administration Policy, dated 2001 and revised April 2019, indicated the following:-Medications are administered in a safe and timely manner, as prescribed.-Medications are administered in accordance with prescriber orders, including a required time frame. Review of Resident #1's Hospital Discharge summary, dated [DATE], indicated the following:-The Resident had been admitted to the hospital with diagnoses of Pneumonia and Acute Hypoxic Respiratory Failure.-The Resident was being treated with an antibiotic medication, twice a day, for Pneumonia.-The Resident's last day of antibiotic treatment for Pneumonia was scheduled to be 9/21/25. -The Resident's discharge disposition was: Skilled Nursing Facility/Rehab. Resident #1 was admitted to the facility in September 2025 with diagnoses including Pneumonia, Acute Respiratory Failure with Hypoxia, Acute Pyelonephritis (infection of the kidney) Type 2 Diabetes Mellitus, and Glaucoma. Review of Resident #1's September 2025 signed admission Agreement indicated the following:-The admission Agreement was signed by the Resident and the facility's Admission's Director.-The admission Agreement was effective on the date the Resident was admitted to the facility.-The Resident designated an Attending Physician.-The Resident consented to admission and treatment.-Consent to admission and treatment included but was not limited to: -admission to the facility. -While in the facility to be under the care and treatment of an attending physician. - Consent to medically necessary routine nursing and other services . Review of Resident #1's Nursing Health Status Note, dated 9/21/25 and written by Nurse #2 at 11:17 A.M., indicated: Resident's consents are not signed .unable to give medications this A.M. until consent to treat is signed. Review of Resident #1's Nursing Health Status Note, dated 9/21/25 and written by Nurse #2 at 1:08 P.M., indicated: Resident's consents are not signed, unable to give medication. Review of Resident #1's Medication Administration Note, dated 9/23/25 and written by Nurse #2 at 2:19 P.M., indicated: Consents are not signed, this Nurse did not give medications this shift. Review of Resident #1's September 2025 Medication Administration Record (MAR) indicated ordered medications were held and assessments not completed for the Resident as follows:-Amlodipine Besylate five milligram (mg) Oral Tablet, ordered for Hypertension (high blood pressure), scheduled for 9:00 A.M.: held on 9/21/25 and 9/23/25.-Ferrous Sulfate 325 mg Tablet ordered for supplementation and scheduled for 8:00 A.M.: held on 9/21/25 and 9/23/25.-Docusate Sodium 100 mg Oral Tablet ordered for constipation and scheduled for 9:00 A.M.: held on 9/21/25.-Senna-S Oral Tablet 8.6-50 mg (Sennosides-Docusate Sodium) ordered for constipation and scheduled for 9:00 A.M.: held on 9/21/25 and 9/23/25.-Amoxicillin-Pot Clavulanate (antibiotic medication) Oral Tablet 875-125 mg ordered for Pneumonia and scheduled for 9:00 A.M.: held on 9/21/25.-Brimonidine Tartrate Ophthalmic Solution (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	0.2% ordered for Glaucoma and scheduled for 9:00 A.M.: held on 9/21/25 and 9/23/25.-Dorzolamide HCl Ophthalmic Solution 2% ordered for Glaucoma and scheduled for 9:00 A.M.: held on 9/21/25 and 9/23/25.-Timolol Maleate Ophthalmic Solution 0.5% ordered for Glaucoma and scheduled for 9:00 A.M.: held on 9/21/25 and 9/23/25.-Humalog Injection Solution (Insulin) 100 Unit/Milliliter (mL) per sliding scale subcutaneously before meals ordered for blood sugars scheduled for 11:30 A.M.: not completed on 9/21/25 and 9/23/25.-May wean off of O2 (oxygen) to RA (room air) as tolerated every shift related to Pneumonia scheduled for the day shift: not completed on 9/21/25 and 9/23/25.-Monitor Resident for pain every shift for pain management, scheduled for the day shift: not completed on 9/21/25 and 9/23/25.-Vital signs (blood pressure, temperature, pulse, respirations, O2 sats) every shift for seven days after admission, scheduled for the day shift: not completed on 9/21/25 and 9/23/25.-Tubersol Solution (used for Tuberculosis [TB] testing) 5 Unit/0.1 mL one time only between 6:00 A.M. on 9/21/25 through 6:00 A.M.: not completed on 9/23/25. During an interview on 1/23/26 at 12:56 P.M., the Admissions Director said she completed the admission Agreement with Resident #1 when the Resident was admitted to the facility which included a consent for treatment. During an interview on 1/23/26 at 1:33 P.M. Nurse #2 said that she was unable to remember anything about Resident #1. During an interview on 1/23/26 at 3:40 P.M., the Regional Director of Clinical Services said Resident #1 would not have been admitted to the facility without an agreement to be transferred to the facility from the hospital. The Regional Director of Clinical Services said that the Resident should have been provided with ordered interventions. During an interview on 1/23/26 at 3:40 P.M., the Physician said whether or not consent for treatment had been obtained by the facility when Resident #1 was admitted , the Resident and/or his/her Representative agreed for the Resident to be admitted to the facility following his/her hospitalization with a treatment plan in place. The Physician said the facility should have provided all ordered interventions while the Resident was in the facility and not held any ordered interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observations, interviews, and records reviewed, the facility failed to maintain a medication administration error rate of less than five percent (%) when three medication errors were made out a total of 41 opportunities, resulting in a medication error rate of 7.32%. Specifically, for Resident #121, Nurse #4 failed to:1. ensure the correct medication dose was administered to the Resident, when Calcium 600 mg/ Vitamin D 200 units was ordered by the Physician and Calcium 600 milligrams (mg)/ Vitamin D [10 micrograms (mcg) = 400 units] was administered.2. ensure that the correct medication dose was administered when Vitamin B12 100 mcg was ordered by the Physician and Vitamin B12 500 mcg was administered.3. ensure that the correct medication solution was administered when Cefazolin 2 gm in Sodium Chloride 0.9 gm per 100 milliliters (ml) intravenous (IV) solution was ordered by the Physician and Cefazolin (antibiotic) 2 grams (gm) in Dextrose 100 ml IV solution was administered. Findings include:Review of the facility policy titled Administering Medications, revised April 2019, indicated but was not limited to:-Policy statement: Medications are administered in a safe and timely manner, and as prescribed.-Policy interpretation and implementation:>Medications are administered in accordance with prescriber orders.>The individual administering medication checks the label three times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. Resident #121 was admitted to the facility in December 2025 with diagnoses including infection of left hip prosthesis. Review of Resident #121's Order Summary Report with active orders 1/21/26, indicated but was not limited to the following:-Calcium -Vitamin D tablet 600 - 200 mg - units. Give one tablet by mouth one time a day for supplementation. Start date 12/17/25-Vitamin B12 oral tablet 100 mcg. Give one tablet by mouth one time a day for supplement. Start date 12/17/25-Cefazolin in Sodium Chloride Intravenous Solution 2 - 0.9 gm/100 ml - %. Use two grams intravenously every eight hours for IV antibiotic until 1/24/26. Start date 1/11/26 On 1/21/26 at 8:57 A.M., during a medication administration pass, the surveyor observed Nurse #4 administer the following medications to Resident #121:-One tablet of Calcium 600 mg plus Vitamin D 10 mcg (400 units) orally.-One tablet of Vitamin B12 500 mcg orally.-Cefazolin 2 gm in Dextrose 100 ml intravenously. Review of Resident #121's January 2026 Medication Administration Record (MAR), indicated Nurse #4 electronically signed off that she had administered the following:-Calcium-Vitamin D 600-200 mg-units, one tablet by mouth at 8:00 A.M. on 1/21/26.-Vitamin B12 100 mcg, one tablet by mouth at 8:00 A.M. on 1/21/26.-Cefazolin in Sodium Chloride 2-0.9 gm/100 ml-% 2 gm intravenously at 8:00 A.M. on 1/21/26. During an interview on 1/21/26 at 12:38 P.M., Nurse #4 said Resident #121 was ordered to receive Calcium 600 mg plus Vitamin D 200 units. Nurse #4 said she had administered the wrong dose (400 units) of Vitamin D. Nurse #4 said that Resident #121 was ordered to receive Vitamin B12 100 mcg (not the 500 mcg administered). Nurse #4 said that Resident #121 was ordered to receive Cefazolin in Sodium Chloride solution, but Cefazolin in Dextrose solution was administered. Nurse #4 said there was a concern when medications were not administered per the Physician's orders. Nurse #4 said there could be interactions with other medications when medications were not administered as ordered by the Physician. During an interview on 1/21/26 at 1:58 P.M., Resident #121's Physician said the expectation was that medications were administered as ordered by the Physician. During an interview on 1/21/26 at 2:10 P.M., the Director of Nursing (DON) said the expectation was that Nurses performed the six [sic] rights of medication administration prior to administering a medication. The DON said that there was a concern when medications were not administered as ordered by the Physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on observations, interviews, and records reviewed, the facility failed to ensure that one Resident (#69) of one applicable resident reviewed for dental services, out of a total sample of 24 residents, received routine dental services. Specifically for Resident #69, the facility failed to ensure that routine dental services were provided when dental consent for treatment was obtained and requested by the Resident and Resident Representative (RR) in June 2023, resulting in the Resident experiencing dental pain and discomfort. Findings include: Review of the facility policy titled Dental Service, dated December 2016, indicated routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessments and plan of care. The policy also included the following: -routine and 24-hour emergency dental services are provided to our residents through: >a contract agreement with a licensed dentist that comes to the facility monthly >a referral to the resident's personal dentist >referral to community dentists>referral to other health care organizations that provide dental services -Medicare and Medicaid residents will be billed for routine and emergency dental services -all dental services provided are recorded in the resident's medical recordˆ ˆ Resident #69 was admitted to the facility in June 2023 with diagnoses including dementia and anxiety.ˆ Review of the Minimum Data Set (MDS) Assessment, dated 11/6/25 indicated Resident #69: -was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 points -sometimes understands and sometimes understoodˆ -was dependent on staff with oral hygiene -had no dental issuesˆ -was not on a modified consistency diet. ˆ During an interview on 1/16/26 at 10:10 A.M., Resident #69 said his/her teeth hurt. The surveyor was unable to visualize the Resident's teeth during the interview.ˆWhen the surveyor asked how long his/her teeth has been hurting, the Resident was unable to provide a timeline. ˆ Review of the Resident's clinical record included the following: -Physician Orders that indicated the Resident's Health Care Proxy (HCP: an elected representative designated to make health care decisions when a person was no longer able to do so) was invoked on 6/13/23. -A Dental Consent Form, signed by Resident #69's HCP on 6/30/23, which indicated he/she would like to have the facility's dental office provide dental care for the Resident. -January 2026 Physician's Orders which included dental consults ., initiated 3/3/25. ˆFurther review of the Resident #69's clinical record failed to indicate evidence of routine dental care being provided since the consent for dental services had been signed on 6/30/23. During an interview on 1/20/26 at 3:59 P.M., Unit Manager (UM) #1 said she reviewed Resident #69's clinical record and was unable to find evidence that the Resident had been evaluated by the Dentist in the last six months. UM #1 said she contacted the facility's Dental Provider to request any information on whether the Resident had been seen.ˆ ˆ On 1/21/26 at 2:53 P.M., the surveyor observed Resident #69 dressed and seated in a wheelchair in his/her room. During an interview at the time, the surveyor asked the Resident how he/she was doing today and the Resident said his/her teeth hurt, he/she would like to see the Dentist but hasn't been seen. The Resident pointed to teeth on the upper right side of his/her mouth and said he/she told a facility staff a few weeks ago about his/her request to see the Dentist. Resident #69 also said he/she was having difficulty swallowing sometimes. The surveyor notified the Assistant Director of Nurses (ADON) and the floor Nurse of the Resident's complaints of dental pain.ˆ ˆ Review of the Health Status Note, dated 1/21/26, written by the Assistant Director of Nurses (ADON) indicated the following: -Resident #69 reported tooth pain of seven out of ten to his/her upper right side of jaw [sic]. -Assessment revealed two broken teeth, no redness or swelling noted. -Resident was afebrile (without elevated temperature). -Tylenol (pain reliever) was administered with good effect and improvement in pain. -Diet was downgraded to mechanical soft and Speech Language Pathologist (SLP) evaluation requested . ˆ During an interview on 1/21/26 at 3:14 P.M., with the ADON, who was covering the unit for UM #1, said she spoke with Resident #69 who complained of right upper/back dental pain. The ADON said pain medication was administered, and a request was put in for the Dentist to see (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #69. The ADON said she was unable to find evidence that Resident #69 had received dental care, but the facility had reached out to request additional information from the Dentist.^^ ^ During an interview on 1/21/26 at 4:44 P.M., Resident #69's HCP said he/she had signed paperwork consenting to dental services previously and to his/her knowledge Resident #69 had never been evaluated by the Dentist. The Resident's HCP said the Resident had requested dental services numerous times due to dental discomfort and difficulty with chewing, and that facility staff had been notified of this request, but the HCP could not recall when this occurred. The Resident's HCP said the facility contacted him/her today and informed him/her that the Resident would be evaluated by the Dentist this week.^^ ^ Review of the Health Status Note dated 1/22/26 included the following: -Resident #69 was seen today for complaints of tooth pain and was evaluated by the Dental Provider. -Resident is scheduled to have teeth #7/ #10/ #11 extracted on 1/29/26 . ^ During an interview on 1/23/26 at 1:17 P.M., the Regional Director of Clinical Services said there was no indication Resident #69 was seen by the Dental Provider since consent was signed in June 2023. ^ During an interview on 1/23/26 at 1:56 P.M., the Director of Nursing (DON) said the facility's current Dental Provider had not changed when dental consent was obtained for Resident #69 in June 2023. The DON said had the facility been aware of the Resident's dental discomfort, they would have referred him/her to the Dentist. The DON said there was no record that routine dental care had been provided to Resident #69 after dental consent had been obtained in 2023.^

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225295	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampden Post Acute	9 Maple Street Wilbraham, MA 01095

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations, and interviews, the facility failed to post nursing staff data daily, at the beginning of each shift, relative to licensed and unlicensed nursing staff directly responsible for resident care per shift as required. Specifically, the facility failed to post nursing staff data that included the actual hours worked for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nurse's Aides (CNAs). Findings include:Review of the facility policy titled Posting Direct Care Daily Staffing Numbers, revised August 2022 indicated the following in part:-The facility will post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents. -Daily, the number of licensed nurses (Registered Nurses, Licensed Practical Nurses and Licensed Vocational Nurses) and the number of unlicensed nursing personnel (Certified Nurses' Aides and Nurses' Aides) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format. On 1/20/26 the surveyor failed to observe that the nursing staff data was available for review in a prominent location in the facility. On 1/21/26 at 9:57 A.M., the surveyor failed to observe the nursing staff data posted and available for review in a prominent location in the facility. During an interview at the time, the facility Receptionist said the information was not kept in the lobby area, however, a full schedule of the nursing staff was kept by the employee time clock, that was not in a public area. During an interview on 1/21/26 at 10:00 A.M., the Scheduler said she was not sure who was responsible for posting the nursing staff data. The Scheduler said she believed the posting was in the front lobby but was not sure. During an interview on 1/21/26 at 10:01 A.M. the Director of Nursing (DON) said she believed the nursing staff data was in the lobby in the enclosed bulletin board. The surveyor and the DON observed the enclosed bulletin board located in the lobby and did not find the nursing staff data posted. The DON said there should be something posted that included the number of hours for nursing staff in the building for that day, but that information was not posted as required.