

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1) who had a diagnosis of Epilepsy (seizures) and had a Physician's Orders for anti-convulsant medications (used to treat seizures), the Facility failed to ensure nursing notified the Provider when he/she did not receive the anti-convulsant medication as ordered.</p> <p>Findings include:</p> <p>Review of the Facility's policy titled, Change in a Resident's Condition or Status, revised February 2021 indicated:</p> <ul style="list-style-type: none"> -The nurse will notify the resident's attending physician or physician on call when there has been a (an): -need to alter the resident's medical treatment significantly. -refusal of treatment or medication two (2) or more consecutive times. <p>Resident #1 was admitted to the Facility in February 2025, diagnoses included but was not limited to Epilepsy.</p> <p>Review of Resident #1's Physician's Orders for the Month of April 2025, indicated it included orders for, but not limited to the following:</p> <ul style="list-style-type: none"> A) 8:00 A.M.-Oxcarbazepine (anti-convulsant medication used to treat epilepsy) oral tablet, 300 milligrams (mg) give one tablet in the morning. B) 6:00 P.M.-Oxcarbazepine 300 mg, give two tablets in the evening. C) 2:00 P.M.-Lamotrigine (anti-convulsant) 100 mg oral tablet, give 400 mg by mouth one time a day. <p>A) Review of Resident #1's Medication Administration Record (MAR) for the Month of April 2025 indicated he/she did not receive the ordered Oxcarbazepine 300 mg, one tablet in the morning, and that the nurses had documented the code 9 (other, see nursing note) on the following dates and times.</p> <p>04/02/24 at 8:00 A.M.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/03/25 at 8:00 A.M.</p> <p>04/18/25 at 8:00 A.M.</p> <p>04/19/25 at 8:00 A.M.</p> <p>04/21/25 at 8:00 A.M.</p> <p>B) Review of Resident #1's Medication Administration Record (MAR) for the Month of April 2025 indicated he/she did not receive the ordered Oxcarbazepine 300 mg, give two tablets in the evening, and that the nurses had documented the code 9 (other, see nursing note) on the following dates and times.</p> <p>04/01/25 at 6:00 P.M.</p> <p>04/02/25 at 6:00 P.M.</p> <p>04/03/25 at 6:00 P.M.</p> <p>04/14/25 at 6:00 P.M.</p> <p>04/15/25 at 6:00 P.M.</p> <p>C) Review of Resident #1's Medication Administration Record (MAR) for the Month of April 2025 indicated he/she did not receive the ordered Lamotrigine 100 mg oral tablet, give 400 mg by mouth one time a day, and that the nurses had documented the code 9 (other, see nursing note) on the following dates and times.</p> <p>04/12/25 at 2:00 P.M.</p> <p>04/21/25 at 2:00 P.M.</p> <p>Review of the Nurse Progress Notes indicated there was no documentation to support nursing notified the Provider on 04/01/25, 04/02/25, 04/3/25, 04/14/25, 04/15/25, 04/18/25, 04/19/25 and 04/21/25 of missed doses of Oxcarbazepine, or notified the Provider on 04/12/25 and 04/21/25 of missed doses of Lamotrigine.</p> <p>During an interview on 06/25/25 at 1:40 P.M., the Nurse Practitioner said that she had not been notified by nursing that Resident #1 had not been administered Oxcarbazepine and Lamotrigine as prescribed.</p> <p>During an interview on 06/25/25 at 11:35 A.M., Nurse #1 said that she had not administered to Resident #1, his/her prescribed Oxcarbazepine 300 mg on 04/02/25 or 04/03/25 at 8:00 A.M., and she had not administered Oxcarbazepine 300 mg, 2 tablets, on 04/03/25 at 6:00 P.M. because it was not available.</p> <p>During a telephone interview on 06/27/25 at 9:00 A.M., Nurse #3 said that she had not administered to Resident #1 his/her Lamotrigine 400 mg on 04/12/25 at 2:00 P.M. because it was not available.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/25/25 at 2:00 P.M., the Director of Nurses said when medication is not available the nurse is expected to notify the Provider, document the notification and the Provider's response in the Nurses Notes and that this had not been done as required.</p> <p>On 06/25/25, the Facility presented the Surveyor with a plan of correction that addressed the areas of concern identified in this survey, the Plan of Correction is as follows:</p> <p>A. Resident #1 no longer resides at the Facility.</p> <p>B. On 04/21/25, the Facility Educator completed re-education of licensed nurses on the policy titled, Change in a Residents Condition or Status, including that the nurse will notify the residents' provider when there had been a need to alter the resident's medical treatment significantly or refusal of treatment or medication two or more consecutive times.</p> <p>C. On 04/21/25 the Facility Educator completed re-education of licensed nurses on the policy titled, Pharmacy Services Overview, including that residents have a sufficient supply of their prescribed medications, receive medication in a timely manner, that nursing staff communicate prescriber orders to the pharmacy and are responsible for contacting the pharmacy if a resident's medication is not available for administration.</p> <p>D. The facility initiated the use of a local pharmacy on 04/22/25, and a back-up pharmacy on 04/24/25, to obtain medications.</p> <p>E. On 04/24/25 the Unit Managers and/or designee completed an initial audit of current residents with prescribed medications to ensure sufficient supply of medications.</p> <p>F. The Unit Manager and/or designee completed an initial audit of provider notification of unavailable medications on 05/02/25.</p> <p>G. The Unit Managers or designee discuss missing medications daily in morning meetings.</p> <p>H. The Unit Manager or designee notifies the pharmacy electronically or via telephone daily for any missing medications.</p> <p>I. The Director of Nursing and /or designee completed ongoing audits of provider notification of unavailable medications for three weeks on 05/09/25, 05/16/25 and 05/23/25.</p> <p>J. The Director of Nursing and /or designee completed ongoing audits of current residents with prescribed medications to ensure a sufficient supply of medications on 05/05/25, 05/16/25 and 05/23/25.</p> <p>K. Physician notification, medication availability, and medication errors have been reviewed in Quality Assurance Performance Improvement (QAPI) committee meetings.</p> <p>L. The Director of Nursing and/or designee is responsible for compliance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on records reviewed and interviews, for one of three sampled Residents (Resident #1) who had a diagnosis of Epilepsy (seizures) and had a Physician's Orders for anti-convulsant (used to treat seizures) medications, the Facility failed to ensure they obtained, and Resident #1 was provided the medication as ordered by his/her Provider.</p> <p>Findings include:</p> <p>Review of the Facility's policy titled, Pharmacy Services Overview, revised April 2019, indicated but was not limited to:</p> <ul style="list-style-type: none"> -Residents have a sufficient supply of their prescribed medications and receive medications (routine, emergency or as needed) in a timely manner. -Nursing staff communicate prescriber orders to the pharmacy and are responsible for contacting the pharmacy if a resident's medication is not available for administration. -Medications are received, labeled, stored, administered and disposed of according to all applicable state and federal laws and consistent with standards of practice. <p>Resident #1 was admitted to the Facility in February 2025, diagnoses included but were not limited to Epilepsy.</p> <p>Review of Resident #1's Physician's Orders for the Month of April 2025, indicated it included orders for, but not limited to the following:</p> <p>A) 8:00 A.M.-Oxcarbazepine (anti-convulsant medication used to treat epilepsy) oral tablet, 300 milligrams (mg) give one tablet in the morning.</p> <p>B) 6:00 P.M.-Oxcarbazepine 300 mg, give two tablets in the evening.</p> <p>C) 2:00 P.M.-Lamotrigine (anti-convulsant medication used to treat epilepsy) 100 mg oral tablet, give 400 mg by mouth one time a day.</p> <p>A) Review of Resident #1's Medication Administration Record (MAR) for the Month of April 2025 indicated he/she did not receive the ordered Oxcarbazepine 300 mg, one tablet in the morning, and that the nurses had documented the code 9 (other, see nursing note) on the following dates and times.</p> <p>04/02/24 at 8:00 A.M.</p> <p>04/03/25 at 8:00 A.M.</p> <p>04/18/25 at 8:00 A.M.</p> <p>04/19/25 at 8:00 A.M.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/21/25 at 8:00 A.M.</p> <p>B) Review of Resident #1's MAR for the Month of April 2025 indicated he/she did not receive the ordered Oxcarbazepine 300 mg, two tablets in the evening, and that the nurses had documented the code 9 (other, see nursing note) on the following dates and times.</p> <p>04/01/25 at 6:00 P.M.</p> <p>04/02/25 at 6:00 P.M.</p> <p>04/03/25 at 6:00 P.M.</p> <p>04/14/25 at 6:00 P.M.</p> <p>04/15/25 at 6:00 P.M.</p> <p>C) Review of Resident #1's MAR for the Month of April 2025 indicated he/she did not receive the ordered Lamotrigine 100 mg oral tablet, give 400 mg by mouth one time a day and that the nurses had documented the code 9 (other, see nursing note) on the following dates and times.</p> <p>04/12/25 at 2:00 P.M.</p> <p>04/21/25 at 2:00 P.M.</p> <p>A) Review of Resident #1's Nursing Progress Notes indicated it included notes titled, Administration Note, for Oxcarbazepine 300mg, one tablet in the morning, at 8:00 A.M., indicated the following:</p> <p>04/02/25-9:49 A.M.-on order</p> <p>04/03/25 9:23 A.M.-med is on order</p> <p>04/18/25-8:31 A.M.-the pharmacy has indicated that the order will not be filled because it has been rejected.</p> <p>04/19/25-9:12 A.M.-med on order</p> <p>04/21/25-8:01 A.M.-the pharmacy has indicated that the order will not be filled because it has been rejected.</p> <p>There was no documentation to support what additional steps were taken by nursing, and therefore the facility, in order to obtain the medications from the pharmacy.</p> <p>B) Review of Resident #1's Nursing Progress Notes indicated it included notes titled, Administration Note, for Oxcarbazepine 300 mg, two tablets in the evening, at 6:00 P.M, indicated the following:</p> <p>04/01/25-7:14 P.M.-on order.</p> <p>04/02/25-7:55 P.M.-on order</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/03/25-7:04 P.M.-on order</p> <p>04/14/25-6:41 P.M.-med on order</p> <p>04/15/25-6:40 P.M.-on order</p> <p>There was no documentation to support what additional steps were taken by nursing, and therefore the facility, in order to obtain the medications from the pharmacy.</p> <p>C) Review of Resident #1's Nursing Progress Notes indicated it included notes titled, Administration Note for Lamotrigine 100 mg oral tablet, give 400 mg by mouth one time a day at 2:00 P.M., indicated the following:</p> <p>04/12/25-2:09 P.M.-reordered</p> <p>04/21/25-1:20 P.M.-reordered medical aware</p> <p>During an interview on 06/25/25 at 11:35 A.M., Nurse #1 said that she had not administered Resident #1, his/her prescribed Oxcarbazepine 300 mg on 04/02/25 or 04/03/25 at 8:00 A.M., and she had not administered Oxcarbazepine 300 mg, 2 tablets, on 04/03/25 at 6:00 P.M. because it was not available. Nurse #1 said that when Resident #1's Oxcarbazepine was not available on 04/02/25 for his/her 8:00 A.M. dose, she had called the pharmacy and was told that it was going to be delivered, but that it was still not available on 04/03/25 for his/her 8:00 A.M., or 6:00 P.M. dose. Nurse #1 said when the medication was still not available on 04/03/25 she documented 9 on the medication administration record and added a note that indicated it was on order.</p> <p>During a telephone interview on 06/27/25 at 9:00 A.M., Nurse #3 said that she had not administered Resident #1 his/her Lamotrigine 400 mg on 04/12/25 at 2:00 P.M. because it was not available. Nurse #3 said that she had called the pharmacy for a STAT (immediate) delivery but that a STAT delivery takes four hours for the medication to be delivered and that she was not able to give the 2:00 P.M. dose.</p> <p>During a telephone interview on 06/27/25 at 11:00 A.M., Nurse #2 said that getting medications from the pharmacy had been and big, big problem. Nurse #2 said that the pharmacy will say the medication is coming, but they will only send one- or two-days' worth of medication and that she would have to start re-calling for medication again as soon as it arrives at the facility. Nurse #2 said that she had waited for 20-30 minutes for the pharmacy to answer the phone when she has called for medications.</p> <p>During an interview on 06/25/25 at 2:00 P.M., the Director of Nursing (DON) said that Resident #1 was not administered his/her doses of Oxcarbazepine and Lamotrigine as prescribed by the Provider because it was not available from the Pharmacy.</p> <p>On 06/25/25, the Facility presented the Surveyor with a plan of correction that addressed the areas of concern identified in this survey, the Plan of Correction is as follows:</p> <p>A. Resident #1 no longer resides at the Facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. On 04/21/25, the Facility Educator completed re-education of licensed nurses on the policy titled, Change in a Residents Condition or Status, including that the nurse will notify the residents' provider when there had been a need to alter the resident's medical treatment significantly or refusal of treatment or medication two or more consecutive times.</p> <p>C. On 04/21/25 the Facility Educator completed re-education of licensed nurses on the policy titled, Pharmacy Services Overview, including that residents have a sufficient supply of their prescribed medications, receive medication in a timely manner, that nursing staff communicate prescriber orders to the pharmacy and are responsible for contacting the pharmacy if a resident's medication is not available for administration.</p> <p>D. The facility initiated the use of a local pharmacy on 04/22/25, and a back-up pharmacy on 04/24/25, to obtain medications.</p> <p>E. On 04/24/25 the Unit Managers and/or designee completed an initial audit of current residents with prescribed medications to ensure sufficient supply of medications.</p> <p>F. The Unit Manager and/or designee completed an initial audit of provider notification of unavailable medications on 05/02/25.</p> <p>G. The Unit Managers or designee discuss missing medications daily in morning meetings.</p> <p>H. The Unit Manager or designee notifies the pharmacy electronically or via telephone daily for any missing medications.</p> <p>I. The Director of Nursing and /or designee completed ongoing audits of provider notification of unavailable medications for three weeks on 05/09/25, 05/16/25 and 05/23/25.</p> <p>J. The Director of Nursing and /or designee completed ongoing audits of current residents with prescribed medications to ensure a sufficient supply of medications on 05/05/25, 05/16/25 and 05/23/25.</p> <p>K. Physician notification, medication availability, and medication errors have been reviewed in Quality Assurance Performance Improvement (QAPI) committee meetings.</p> <p>L. The Director of Nursing and/or designee is responsible for compliance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on record review and interviews, for one of three sampled residents (Resident #1) who had a diagnosis of Epilepsy (seizures) and had a Physician's Orders for anti-convulsant (used to treat seizures) medications, the Facility failed to ensure the resident was free from significant medication errors when he/she was not administered the medication as prescribed, placing him/her at risk for seizures.</p> <p>Findings include:</p> <p>Review of the Facility policy titled, Administering Medication, revised 2019, indicated the following:</p> <ul style="list-style-type: none"> -Medications are administered in accordance with prescriber orders, including any required time frame. -Medications are administered within one (1) hour of their prescribed times, unless otherwise specified (for example, before and after meal orders). <p>Resident #1 was admitted to the Facility in February 2025, diagnoses included but were not limited to Epilepsy.</p> <p>Review of Resident #1's Physician's Orders for the Month of April 2025, indicated it included orders for, but not limited to the following:</p> <ul style="list-style-type: none"> A) 8:00 A.M.-Oxcarbazepine (anti-convulsant) oral tablet, 300 milligrams (mg) give one tablet in the morning. B) 6:00 P.M.-Oxcarbazepine 300mg, give two tablets in the evening. C) 2:00 P.M.-Lamotrigine (anti-convulsant) 100 mg oral tablet, give 400 mg by mouth one time a day. <p>Review of Davis's DRUG GUIDE FOR NURSES&reg;, 19th edition (2025) indicated the following:</p> <p>Oxcarbazepine: Take missed doses as soon as possible but not just before next dose; do not double dose. Notify health care professional if more than 1 dose is missed. Medication should be gradually discontinued to prevent seizures.</p> <p>Lamotrigine: should be discontinued gradually over at least 2 weeks, unless safety concerns require a more rapid withdrawal. Abrupt discontinuation may cause increase in seizure frequency.</p> <p>A) Review of Resident #1's Medication Administration Record (MAR) for the Month of April 2025 indicated he/she did not receive the ordered Oxcarbazepine 300 mg, one tablet in the morning on the following dates:</p> <p>04/02/24 at 8:00 A.M.</p> <p>04/03/25 at 8:00 A.M.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/18/25 at 8:00 A.M.</p> <p>04/19/25 at 8:00 A.M.</p> <p>04/21/25 at 8:00 A.M.</p> <p>B) Review of Resident #1's Medication Administration Record (MAR) for the Month of April 2025 indicated he/she did not receive the ordered Oxcarbazepine 300mg, two tablets in the evening on the following dates:</p> <p>04/01/25 at 6:00 P.M.</p> <p>04/02/25 at 6:00 P.M.</p> <p>04/03/25 at 6:00 P.M.</p> <p>04/14/25 at 6:00 P.M.</p> <p>04/15/25 at 6:00 P.M.</p> <p>C) Review of Resident #1's Medication Administration Record (MAR) for the Month of April 2025 indicated he/she did not receive the ordered Lamotrigine 400 mg by mouth one time a day at 2:00 P.M. on the following dates:</p> <p>04/12/25 at 2:00 P.M.</p> <p>04/21/25 at 2:00 P.M.</p> <p>During an interview on 06/25/25 at 11:35 A.M., Nurse #1 said that she had not administered to Resident #1, his/her prescribed Oxcarbazepine 300 mg on 04/02/25 or 04/03/25 at 8:00 A.M., and she had not administered Oxcarbazepine 300 mg, 2 tablets, on 04/03/25 at 6:00 P.M. because it was not available. Nurse #1 said that when Resident #1's Oxcarbazepine was not available on 04/02/25 for his/her 8:00 A.M. dose, she had called the pharmacy and was told that it was going to be delivered, but that it was still not available on 04/03/25 for his/her 8:00 A.M., or 6:00 P.M. dose. Nurse #1 said that missing doses of anti-convulsant medication could lead Resident #1 to have a seizure.</p> <p>During an interview on 6/25/25 at 12:00 P.M., the Unit Manager said that she was aware that Resident #1 had missed some doses of his anti-convulsant medication and that missed doses of anticonvulsant medication could lead to a seizure.</p> <p>During a telephone interview on 06/27/25 at 9:00 A.M., Nurse #3 said that she had not administered Resident #1 his/her Lamotrigine 400 mg on 04/12/25 at 2:00 P.M. because it was not available. Nurse #3 said that she had called the pharmacy for a STAT (immediate) delivery because she knew that a certain blood level of the medication was required to prevent seizures. Nurse #3 said that a STAT delivery takes four hours for the medication to be delivered and that she was not able to give the 2:00 P.M. dose on 04/12/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Care One at Redstone		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Benton Drive East Longmeadow, MA 01028	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/25/25 at 2:00 P.M., the Director of Nursing (DON) said the medication errors had occurred because Resident #1's medications were not being delivered to the facility on time for them to be administered as prescribed. The DON said that the facility utilized two additional pharmacies to fill residents prescriptions and that the issue of medication availability had been corrected.</p> <p>On 06/25/25, the Facility presented the Surveyor with a plan of correction that addressed the areas of concern identified in this survey, the Plan of Correction is as follows:</p> <p>A. Resident #1 no longer resides at the Facility.</p> <p>B. On 04/21/25, the Facility Educator completed re-education of licensed nurses on the policy titled, Change in a Residents Condition or Status, including that the nurse will notify the residents' provider when there had been a need to alter the resident's medical treatment significantly or refusal of treatment or medication two or more consecutive times.</p> <p>C. On 04/21/25 the Facility Educator completed re-education of licensed nurses on the policy titled, Pharmacy Services Overview, including that residents have a sufficient supply of their prescribed medications, receive medication in a timely manner, that nursing staff communicate prescriber orders to the pharmacy and are responsible for contacting the pharmacy if a resident's medication is not available for administration.</p> <p>D. The facility initiated the use of a local pharmacy on 04/22/25, and a back-up pharmacy on 04/24/25, to obtain medications.</p> <p>E. On 04/24/25 the Unit Managers and/or designee completed an initial audit of current residents with prescribed medications to ensure sufficient supply of medications.</p> <p>F. The Unit Manager and/or designee completed an initial audit of provider notification of unavailable medications on 05/02/25.</p> <p>G. The Unit Managers or designee discuss missing medications daily in morning meetings.</p> <p>H. The Unit Manager or designee notifies the pharmacy electronically or via telephone daily for any missing medications.</p> <p>I. The Director of Nursing and /or designee completed ongoing audits of provider notification of unavailable medications for three weeks on 05/09/25, 05/16/25 and 05/23/25.</p> <p>J. The Director of Nursing and /or designee completed ongoing audits of current residents with prescribed medications to ensure a sufficient supply of medications on 05/05/25, 05/16/25 and 05/23/25.</p> <p>K. Physician notification, medication availability, and medication errors have been reviewed in Quality Assurance Performance Improvement (QAPI) committee meetings.</p> <p>L. The Director of Nursing and/or designee is responsible for compliance.</p>		