

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  10/22/2025
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)		
F 0806  Level of Harm - Actual harm  Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.  (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

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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 0806  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on records reviewed, interviews, and observations for one of three sampled residents, (Resident #1) who had a known food allergy to onions, the Facility failed to ensure his/her diet was free from allergens, when on 09/15/25, Resident #1 was served a meal that contained onions, Resident #1 consumed some of the meal, developed signs and symptoms of an allergic reaction, and was transferred to the Hospital Emergency Department (ED) for evaluation of anaphylaxis (a severe, potentially life-threatening allergic reaction) where he/she was admitted for further treatment. Findings include: Review of the Facility's Policy titled Food Allergies and Intolerances, dated as revised August 2017, indicated the following:- Food allergies are immune system responses to allergens (foods).- Residents are assessed for a history of food allergies and intolerances upon admission and as part of the comprehensive assessment.- Severe food allergies are noted on the face of the chart (in the form of a sticker or permanent marking indicating Severe Food Allergy: (name of food) and communicated in writing directly to the dietitian and the director of food and nutrition services.- Meals for residents with severe food allergies are specially prepared so that cross-contamination with allergens does not occur.- Residents with food intolerances and allergies are offered appropriate substitutions for foods that they cannot eat. Review of the Facility's Policy titled Tray Identification, dated as revised April 2007, indicated the following:- Appropriate identification/coding will be used to identify various diets.- To assist in setting up and serving the correct food trays/diets to residents, the food services department will use appropriate identification (e.g. color coded or computer-generated diet cards) to identify various diets.- Nursing staff shall check each food tray for the correct diet before serving the residents.- If there is an error, the nurse supervisor will notify the dietary department immediately by phone so the appropriate tray can be served. Resident #1 was admitted to the Facility in August 2024, diagnoses included COPD (chronic obstructive pulmonary disease, a lung condition characterized by ongoing inflammation and narrowing of the airways, leading to difficulty breathing), Anxiety, and a history of Anaphylactic Shock. Review of Resident #1's Allergy Report, dated 08/30/24, indicated he/she had the following allergies: bee pollen, royal jelly (moderate severity) and onions (severe, with anaphylactic reaction, including airborne exposure). Review of Resident #1's Annual Minimum Data Set (MDS) Assessment, dated 08/26/25, indicated he/she was cognitively intact with a score of 15 out of 15 on the Brief Interview for Mental Status (BIMS, scores indicate: 0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, and 13-15 cognitively intact). Review of Resident #1's current Physician's Orders indicated he/she had an allergy to bee pollen, royal jelly and onions. Review of Resident #1's weekly menu selection as provided by the Facility's Administrator indicated that on 09/15/25, the main dinner meal consisted of Beef Taco Salad, Salsa and Cantina Corn, and the alternate meal consisted of Grilled Chicken Salad with Dressing and Chef's Breadbasket. Further review of Resident #1's weekly menu selection indicated that for the dinner time meal on 9/15/25, he/she circled that he/she wanted the alternate meal of Grilled Chicken Salad and that he/she crossed out the with Dressing line indicating he/she did not want the dressing added to the salad. Review of Resident #1's dinner Meal Ticket (form used to notify kitchen staff and nursing staff the residents' meal choices, preferences, special devices needed, dislikes, and allergies), dated 09/15/25, indicated he/she was to be served the alternate meal with no dressing, that he/she has an onion allergy (indicated under the allergy section of the ticket) and under the notes section. The Ticket indicated that Resident #1 had an allergy to all onion products, including anything with a hint of onion, as well as including instructions not to serve mustard, mayonnaise, relish, barbeque sauce, salad dressings, ketchup, teriyaki and Worcestershire sauce to him/her. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 09/16/25, indicated that on 09/15/25, at approximately 6:00 P.M., staff responded to Resident #1's call bell and observed him/her to be sitting on the edge of his/her bed with his/her meal tray in front of him/her. The Report indicated Resident #1 was experiencing shortness of breath, that he/she pointed to his/her dinner tray, and that upon nursing assessment he/she was tachycardic (higher than normal heart rate) with low oxygen saturation, altered mental status and appeared to have symptoms of anaphylaxis, requiring Nursing to administer an EpiPen (Epinephrine, a hormone medication used for emergency treatment of life-threatening allergic reactions) and that he/she was transferred to the Hospital ED for evaluation. The Report further indicated that Resident #1 was inadvertently served taco salad, which contained small, diced onions that were within the ready-made salsa that was mixed in with the ground beef. Review of Resident #1's Hospital Discharge</p>		