STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 41105 Based on observations and interviews the facility failed to ensure a dignified dining experience for two Residents (#23, #50) out of a total sample of 24 residents and on 2 of 3 nursing units. Specifically: 1. For Resident #23, who is dependent on staff for feeding, the staff failed to ensure the resident was positioned properly to eat and was provided with the assist he/she needed, resulting in the resident eating with his/her hands and staring at meals without assistance. 2. For Resident #50, who is dependent on staff for feeding, the staff failed to ensure assistance with feeding was promptly provided when meals were served, resulting in the Resident watching others eat while he/she waited for long periods for assistance. 3a. In the 3rd floor unit dining room staff failed to provide a dignified dining experience and referred to residents as feeders, rather than by their name. 3b. In the 2nd floor unit dining room a Certified Nursing Assistant (CNA) sat on the arm of a chair in the dining room while feeding a resident lunch, rather than seated at eye level. Findings include: The facility policy titled Resident Rights, dated as revised 1/2024, indicated the following: -Employees shall treat all residents with kindness, respect, and dignity. 1. Resident #23 was admitted to the facility in November 2022 and has diagnoses that include Alzheimer's dementia and anxiety disorder. Review of the most recent Minimum Data Set (MDS) assessment, dated 11/1/24, indicated that Resident #23 was assessed by staff to have severely impaired cognition. The MDS further indicated that Resident #23 is dependent on staff for eating and bed mobility. Review of the current ADL care plan, last revised 11/19/24, indicates the following: -Eating: assist to dependent. (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
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Bed mobility-Ext (extensive) to Dep (dependent)-2 assist. -ADL performance ability fluctuates due to a decline in cognitive status and episodes of fatigue and weakness. Review of the Functional Abilities and Goals Assessment, dated 11/1/24, indicated Resident #23 is dependent on staff for eating and mobility. Review of the Medical Nutrition Therapy Assessment, dated 10/30/24, indicated need for assistance w/eating (sic). On 1/6/25 at 8:52 A.M., the surveyor observed Resident #23 laying flat in bed. A staff person delivered breakfast to the Resident's room, placed the tray on a tray table out of reach and exited the room to continue passing trays to other residents. The surveyor continued to make the following observation: -At 8:54 A.M., the surveyor entered Resident #23's room and observed Resident #23 laying awake in a flat bed, awake, able to see the breakfast tray, however unable to reach it. On 1/6/25 at 12:21 P.M., the surveyor observed Resident #23 in a recliner chair in the unit dining room. There was a lunch plate directly in front of him/her and Resident #23 was eating mac and cheese with his/her hands. The Resident then picked up a cup of milk, looked at it then placed it in the middle of his/her plate on top of the mac and cheese. The surveyor continued to make the following observations: -At 12:25 P.M., Resident #23 sat with the cup of milk in his/her food and watched other residents eating. -At 12:31 P.M., a Certified Nursing Assistant (CNA) asked Resident #23 are you not going to eat, then without offering assistance or waiting for a response sat down with her back to Resident #23 and began assisting a peer with their meal. Resident #23's hands had cheese on them, and his/her milk cup remained on top of the food. On 1/7/25 at 12:14 P.M., the surveyor observed Resident #23 in a recliner chair in the unit dining room. A CNA set up lunch on the tray table in front of Resident #23 and walked away. The surveyor continued to make the following observations: -At 12:19 P.M., Resident #23 started crying, and Nurse #1 walked over, told Resident #23 start feeding yourself and I will help you finish, I have to finish helping someone else first. Nurse #1 did not console Resident #23 who was visibly upset, but rather left him/her to sit and look at the meal in front of him/her. During an interview on 1/10/25 at 8:55 A.M., with Resident #23's Certified Nursing Assistant (CNA) #1 she said that Resident #23 is totally dependent for assistance including with feeding. CNA #1 said that the tray should stay in the cart for residents who require assistance with feeding until staff are ready to sit down and feed the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/10/25 at 9:37 A.M., with Director of Clinical Operations #2 she said trays should remain in the food truck until staff are ready to feed dependent residents. As well, she said that if staff see a resident resorting to eating with their hands, they should intervene, call for a new tray and assist the resident with the meal. The Director of Clinical Operations #2 said it really makes me sad to hear this, if staff see Resident #23 crying, they should reassure and comfort him/her, apologize for not providing the assist and sit down and assist the Resident. 2. Resident #50 was admitted to the facility in August 2018 and has diagnoses that include dementia and dysphagia (difficulty chewing and swallowing). Review of the most recent Minimum Data Set (MDS) assessment, dated 10/18/24, indicated Resident #50 was assessed by staff to have severely impaired cognition. The MDS further indicated Resident #50 requires partial to moderate assistance with eating. Review of the Nutrition Therapy Assessment, dated 10/15/24, indicated Resident #50 was at risk for nutritional decline due to a decreased self-feeding ability. The assessment further indicated in the summary: Resident #50 typically needs assistance at mealtime. Review of the Functional Abilities and Goals assessment, dated 10/19/24, indicated Resident #50 requires partial to moderate assistance with eating. Review of the current Activities of Daily Living (ADL) care plan indicated: -EATING: Limited assist-1. On 1/6/25 at 8:39 A.M., the surveyor observed Nurse #1 place a breakfast tray in front of Resident #50, leaving the cover over the food. Nurse #1 said to Resident #50 someone is coming to help you and walked away. Resident #50 sat looking at the tray of food in front of him/her and watched his/her tablemates eat their breakfast. The surveyor continued to make the following observation: -On 1/06/25 at 8:46 A.M., Nurse #1 sat down beside Resident #50, set up the breakfast in front of Resident #50, then stood up and walked away, leaving Resident #50 to look at the food. On 1/6/25 at 12:22 P.M., the surveyor observed Nurse #1 place a lunch tray in front of Resident #50, leaving the cover over the food and walk away to continue passing trays to other residents. Resident #50 sat at the table, looking at his/her lunch and watched his/her tablemates eat their lunch. The surveyor continued to make the following observations: -At 12:26 P.M., one of Resident #50's tablemates encouraged him/her to eat and said Aren't you hungry? to which Resident #50 responded yes. -By 12:30 P.M., no staff had offered Resident #50 assist, his/her table mate continued to encourage him/her to eat and Resident #50 watched the other residents present eating their meals. On 1/7/25 at 8:11 A.M., the surveyor observed a staff person place a breakfast tray in front of Resident #50, leaving the cover over the food and walk away to continue passing trays to other residents. Resident #50 was offered no assistance and sat looking at the covered breakfast tray. The surveyor continued to make the following observations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- At 8:17 A.M., Resident #50 leaned forward looking at the covered tray of food. -At 8:21 A.M., a Nurse uncovered Resident #50's food and walked out of the dining room, leaving Resident #50 to stare at the plate of food. On 1/9/25 at 8:45 A.M., a staff member delivered breakfast to Resident #50 and sat down to assist him. The surveyor continued to make the following observations: -At 8:49 A.M., while feeding Resident #50, the staff person was texting on her phone. During an interview on 1/9/25 at 11:42 A.M., with Nurse #6 she said that Resident #50 requires total care, including for eating. She said that it is the expectation that food remain in the truck until staff are ready to assist with feeding and that residents should not have to sit at a table looking at their tray while waiting for assist to be available. As well, Nurse #6 said that staff should never be on their phone while providing care. During an interview on 1/9/25 at 12:50 P.M., with the Director of Clinical Operations #2 she said that it is the expectation that food remain in the truck until staff are ready to assist with feeding because residents should not have to sit at a table looking at their tray while waiting for assist to be available. As well, Nurse #6 said that staff should never be on their phone while providing care. 3a. During an observation of the breakfast meal in the 3rd floor unit dining room on 1/6/25 beginning at 8:24 A.M., the following observations were made: There were 5 residents seated together at a table: -At 8:24 A.M., a Nurse placed a breakfast tray in front of a resident who was asleep. The nurse set up the breakfast in front of him/her and then walked away to continue passing trays to other residents. -By 8:32 A.M., 4 of 5 residents at the table had been served. The one resident without food watched the others eat while staff continued passing trays throughout the dining room. During an observation of the breakfast meal in the 3rd floor unit dining room on 1/07/25 the following observations were made: -At 8:09 A.M., a nurse placed a meal on a table for a resident who had not yet arrived at the dining room. -At 8:20 A.M., the resident arrived in the dining and sat down to eat the meal that had been served 11 minutes earlier. During an observation of the lunch meal in the 3rd floor unit dining room on 1/7/25 the surveyor made the following observation: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-At 12:14 P.M., a Certified Nursing Assistant (CNA) walked into the dining room, gestured at a resident across the room and asked Nurse #1 if the resident was a feeder. Nurse #1 responded yes and failed to inform the CNA that residents should be referred to by their name, not as feeders. During an interview on 1/9/25 at 12:50 P.M., with the Clinical Director of Operations #2 she said that it is the expectation that food remain in the truck until residents are present and are ready to eat and that to it is a dignity issue to refer to residents as feeders. 36797 3b. On 1/7/25 at 12:22 P.M., the surveyor observed a Certified Nursing Assistant (CNA) sitting on the arm of a chair while assisting a resident to eat in the second floor dining room. During an interview on 1/7/25 at 12:22 P.M., Nurse #9 said that it was not appropriate for the CNA to be sitting on the arm of a chair while assisting a resident to eat. During an interview on 1/7/25 at 2:38 P.M., Director of Clinical Operations #2 said that it was not appropriate for the CNA to be sitting on the arm of a chair while assisting a resident to eat.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 44095 Based on observation, record review and interview, the facility failed file a grievance for one Resident (#7), out of a total sample of 24 residents. Specifically, the facility staff failed to ensure the Social Worker (SW) filed a grievance on behalf of Resident #7's Guardian who expressed care concerns. Findings include: Review of the facility policy titled Grievances, dated 2/2024, indicated that it is the policy of this facility to make information about how to file a grievance available to residents and/or residents representatives. The contact information of the grievance official (Administrator or designee), as well as contact information of independent entities, with whom a complaint can be filed are posted and available to residents. -Guidelines 4. Any resident, and/or health care representative, family member, employee, or appointed advocate may file a grievance without fear of discrimination or reprisal in any form. -Procedure 1. If a resident, and/or health care representative, or another interested family member of a resident has a complaint, a staff member will inform the person of the grievance process and assist the resident, or person acting on the resident's behalf, to file a written grievance with the facility using the Grievance form as needed. 2. Grievances may be submitted orally or in writing. The resident, and/or health care representative, or the person filing the grievance on behalf of the resident, should be encouraged to sign written grievances. If the person filing the grievance is anonymous or wishes to remain anonymous, confidentiality will be maintained, to the extent possible. Note: If a grievance is submitted orally, the facility employee taking the grievance must write it up on the grievance report form. 3. Immediate reporting of alleged violations involving neglect, abuse, including injuries of unknown source, and /or misappropriation of resident property are to be reported as required by state law. 4. Upon receipt of a written grievance the Administrator will refer it to the appropriate department head for investigation. The department head will submit a response of findings to the Administrator. 5. The Administrator will review the findings with the person investigating the grievance to determine what corrective actions need to be made. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6. The Administrator will document receipt of all grievances on the Grievance Log. The grievance log will be used for tracking and trending as part of the facility's Quality Assurance Performance Improvement Committee as warranted. Resident #7 was admitted to the facility in July 2024 with diagnoses including dementia, tracheostomy, diabetes, and seizures. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/4/24, indicated that Resident #7 was comatose. Resident #7 was dependent on staff for activities of daily living. Review of Resident #7's social services progress note, dated 1/3/25, indicated: - Social Services (SS) called and spoke with the resident's guardian. He/she reports during his/her last visit, he/she found Resident appearing uncared for - in unclean bedding, etc. SS to follow up as needed. On 1/6/25 at 7:45 A.M., and at 3:08 P.M., the surveyor observed Resident #7 in his/her bed he/she had facial hair around 5 millimeters in length. Resident #7's bed linens were unclean and had tube feeding formula on them. There were used paper towels on his/her nightstand. The tube feeding pole had dried tube feeding on the base of the tube feeding pole. The windowsill had various care items not stored in a homelike manner. On 1/7/25 at 6:52 A.M., and at 1:10 P.M., the surveyor observed Resident #7 in his/her bed he/she had facial hair around 5 millimeters in length. Review of the grievance log on 1/7/25 failed to include documentation to support the Social Worker filed a grievance on behalf of Resident #7's Guardian's concerns. Review of Resident #7's plan of care related to activities of daily living, dated as revised 9/11/24, indicated: - Grooming, dependent two assist. During an interview on 1/7/25 at 1:37 P.M., Certified Nurse Assistant (CNA) #1 said that Resident #7 should be shaved once a week and she needs the nurse to assist with shaving needs. CNA #1 said CNAs are responsible for room tidiness and cleaning dirty linens during care. During an interview on 1/7/25 at 1:56 P.M., Nurse #2 said CNAs should shave Resident #7 during care. Nurse #2 said that Resident #7 has facial hair that is long, and the facial hair should have been shaved during care. Nurse #2 said the nurses are responsible for changing bed linens if tube feeding is spilled on the linens. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/8/25 at 3:32 P.M., the Social Worker said she had been asked to call Resident #7's Guardian because the Guardian called the Ombudsman who then called the Administrator about care concerns. The Social Worker reviewed her note from 1/3/25 and said she had received concerns about care and unclean bedding. The SW said she did not file a grievance on behalf of Resident #7's Guardian, and she did not let nursing know about the concerns expressed on 1/3/25. The SW said she had a family meeting on 1/8/25 with the Guardian and she did not file a grievance related to Resident #7's Guardian's care concerns. During an interview on 1/9/25 at 9:05 A.M., Director of Clinical Operations #2 reviewed the social work note from 1/3/25 and said that the Social Worker should have filed a grievance related to care concerns and made nursing aware so that nursing could have addressed the concerns immediately with education. During an interview on 1/9/25 at 9:47 A.M., the Administrator said the Ombudsman reached out to him regarding care concerns from Resident #7's Guardian. The Administrator said that when the Social Worker called the Guardian on 1/3/25 and received care concerns the Social Worker should have filed a grievance on behalf of Resident #7's guardian. On 1/9/25 at 10:30 A.M., the Administrator provided the surveyor with a grievance for Resident #7. Review of the grievance form, dated 1/8/25, indicated the following: Ombudsman contacted the center regarding care concerns family meeting set up. Concerns include lack of rehabilitation services, dirty tracheostomy, and poor hygiene. see F677

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. 44095 Based on observations, interviews, and record review, the facility failed to identify and assess the use of an abdominal binder as a potential restraint for one Resident (#74) out of a total sample of 24 residents. Findings include: Review of the facility policy titled, Use of Restraints, dated as revised 1/24, indicated that restraints shall only be used for the safety and well-being of the residents) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptoms) and never for discipline or staff convenience, or for the prevention of falls. -Guidelines 1. Physical Restraints are defined as any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. 2. The definition of a restraint is based on the functional status of the resident and not the device. If the resident cannot remove a device in the same manner in which the staff applied it given that resident's physical condition and this restricts his/her typical ability to change position or place, that device may be considered a restraint. 3. Restraints may be used if/when the resident has a specific medical symptom that cannot be addressed by another less restrictive intervention and a restraint maybe required to: a. Treat the medical symptom; b. Ensure the resident's safety; and/or c. Assist the resident attain the highest level of his/her physical or psychological well-being 4. Prior to placing a resident in restraints, there shall be a pre-restraining evaluation and review to determine the need for restraints. The evaluation shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions (programs, devices, referrals, etc.) that may improve the symptoms. 6. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative. 7. Residents and/or HCP shall be informed about the potential risks and benefits of the use of the restraint (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8. Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination. Resident #74 was admitted to the facility in January 2023 with diagnoses including traumatic brain injury, history of falling, and muscle weakness. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/18/24, indicated that Resident #74 was rarely/ never understood. The MDS further indicated Resident #74 rejected care, was dependent on staff for activities of daily living and had a feeding tube. The MDS indicated Resident #74 did not require physical restraints. Review of Resident #74's current physician's order, with a start date of 5/25/23, indicated: -May order and apply abdominal binder to secure PEG (feeding tube inserted into the stomach) tube. Apply and secure binder when PEG tube is not in use. Monitor for skin breakdown and notify MD, NP, or PA. Patient at high risk for accidental self-removal of PEG tube, please secure when not in use to reduce risk of trauma and infection to PEG site. -When PEG tube is not in use, please secure PEG tube using skin safe tape and gauze. Patient high risk of accidental self-removal of PEG tube, please secure when not in use to reduce risk of trauma. Review of Resident #74's NSH Nursing Evaluation - V 18, dated 4/23/24, 7/19/24, 10/12/24 and 1/4/25, indicated: -Section M. Restraints instructions: Restraints = Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts the freedom of movement or normal access to one's body. 1. Is the resident currently using a restraint? Coded as no. Review of Resident #74's plan of care on 1/6/25 failed to include documentation to support the use of the abdominal binder. Review of Resident #74's medical record on 1/6/25 failed to include a consent from the Resident's health care agent consenting to the use of the abdominal binder. On 1/8/25 at 12:51 P.M., the surveyor observed the abdominal binder across Resident #74's abdomen. Nurse #4 said that Resident #74 was wearing an abdominal binder so he/she cannot pull out the g-tube. Resident #74 was unable to self-release the abdominal binder on command. During an interview on 1/9/25 at 7:36 A.M., Certified Nursing Assistant (CNA) #2 said Resident #74 is totally dependent for care and Resident #74 is supposed to wear an abdominal binder at all times so he/she doesn't pull the tube out. During an interview on 1/9/25 at 9:23 A.M., the Director of Clinical Operations #2 said the use of restraints requires quarterly assessments. She reviewed the regulatory requirements for restraint use and said that Resident #74 should be able to self-release the abdominal binder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/9/25 at 11:08 A.M., the surveyor observed the Director of Clinical Operations #2 assess Resident #74's abdominal binder. Resident #74 was unable to remove the abdominal binder on command.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 44095 Based on record review and interview, the facility failed to ensure that Minimum Data Set (MDS) assessments were coded accurately for one Resident (#26) out of a total sample of 24 Residents. Specifically, for Resident #26 the facility failed to code oxygen use on the MDS assessment. Findings include: Resident #26 was admitted to the facility in October 2022 with diagnoses including emphysema, chronic obstructive pulmonary disease (COPD), and anxiety. Review of the most recent Minimum Data Set (MDS) assessment, dated 11/8/24, indicated that Resident #26 was cognitively intact as evidenced by a Brief Interview for Mental Status exam score of 14 out of 15. The MDS further indicated Resident #26 required assistance with activities of daily living and did not require oxygen administration. Review of Resident #26's physician's progress note, dated 11/1/24, indicated Resident has a history of severe COPD with chronic oxygen use at 2 liters per minute. Review of Resident #26's current physician's order, with a start date of 11/11/23, indicated: -Obtain oxygen saturation every shift and administer oxygen at 2 liters per minute (LPM). Review of Resident #26's Treatment Administration Record (TAR), dated November 2024, indicated between 11/1/24 and 11/8/24 Resident #26 received oxygen at 2 LPM every shift. Review of Resident #26's plan of care related to respiratory status, dated as revised 11/21/24, indicated: -Oxygen settings: oxygen via nasal cannula as ordered. During an interview on 1/7/25 at 1:32 P.M., the Director of Clinical Operations #2 said she reviewed the MDS for 11/8/24 and the MDS Nurse should have coded the oxygen use but did not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 41105 Based on observation, record review and interview the facility failed to ensure they developed and implemented a comprehensive person-centered care plan for four Residents (#90, #73, #24, #74) out of a total sample of 24 residents. Specifically: 1. For Resident #90 the facility failed to ensure the bed was in the lowest position and floor mats were in place when the resident was in bed, as ordered by the physician. 2. For Resident #73 the facility failed to develop a person-centered comprehensive care plan for a diagnosis of history of suicidal ideation. 3. For Resident #24 the facility failed to develop a care plan for the use of psychotropic medications. 4. For Resident #74 the facility failed to implement padded side rails. Findings include: 1. Resident #90 was admitted to the facility in May 2024 and has diagnoses that include dementia without behavioral disturbance and muscle weakness. Review of the most recent Minimum Data Set (MDS) assessment, dated 9/30/24, indicated that Resident #90 was assessed by staff to have severe cognitive impairment, The MDS further indicated Resident #90 required substantial to maximal assist with bed mobility. Review of the most Nursing Evaluation, dated 12/23/24, indicated Resident #90 had sustained 1-2 falls within the last six months. Review of the current physician's orders indicated the following order: -Make sure the bed is in the lowest position and floor mats are in place when resident is in bed, start date 8/1/24. On 1/6/25 at 8:51 A.M., Resident #90 was observed asleep in bed. The bed was at a regular height and there was a fall mat on the left side of the bed, but none on the right side. A second fall mat was not observed in the room. On 1/7/25 at 6:54 A.M., Resident #90 was observed asleep in bed. The bed was in the lowest position, however there was no fall mat on the right side of the bed, only on the left. A second fall mat was not observed in the room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/7/25 at 7:54 A.M., Resident #90 was observed asleep in bed. The bed was in the lowest position, however there was no fall mat on the right side of the bed, and the fall mat on the left side of the bed was now 2-3 feet away from the bed, exposing Resident #90 directly to the floor should he/she fall. A second fall mat was not observed in the room. On 1/7/25 at 9:56 A.M., Resident #90 was observed asleep in bed. The bed was in the lowest position, however there was no fall mat on the right side of the bed, and the fall mat on the left side of the bed was now 2-3 feet away from the bed, exposing Resident #90 directly to the floor should he/she fall. A second fall mat was not observed in the room. On 1/9/25 at 7:25 A.M., Resident #90 was observed asleep in bed. The bed was at a regular height and there was a fall mat on the left side of the bed, but none on the right side. A second fall mat was not observed in the room. On 1/9/25 at 8:13 A.M., Resident #90 was observed asleep in bed. The bed was at a regular height and there was a fall mat on the left side of the bed, but none on the right side. A second fall mat was not observed in the room. During an interview on 1/9/25 at 11:31 A.M., with Resident #90's Certified Nursing Assistant (CNA) #4 she said that she was not aware that Resident #90's bed was supposed to be in the lowest position with fall mats in place. CNA #90 said that she usually gets report at the start of a shift on a resident's care needs but because she was moved to the floor at 10:30 A.M., that morning she had not. During an interview on 1/9/25 at 11:39 A.M., Nurse #6 said she is Resident #90's nurse. She said that it was the expectation that nursing staff follow Physician orders. Nurse #6 said that staff should maintain Resident #90's bed in the lowest position with fall mats in place if there was an order for that. Nurse #6 said that she was unaware that there were supposed to be fall mats in place on both sides of Resident #90's bed. During an interview on 1/9/25 at 12:37 P.M., the Director of Clinical Operations #2 on said that it is her expectation that nursing staff follow Physician's orders. She said that when an order is in place for a bed to be in lowest position with fall mats in place when in bed, that is what should be occurring. 49880 2. Resident #73 was admitted to the facility in July 2024 with diagnoses that include personal history of suicidal ideation, schizoaffective disorder, bipolar type, personal history of adult physical and sexual abuse. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/11/24, indicated a Brief Interview for Mental Status exam score was not able to be obtained and Resident #73 was assessed by staff to have severely impaired cognition. The MDS further indicated 12-14 days of the look back period (nearly every day) the resident had little interest or pleasure in doing things and felt tired or had little energy. Review of Resident #73's active plan of care failed to indicate a plan of care for a diagnosis of personal history of suicidal ideation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 12:20 P.M., the Social Worker (SW) said that when a resident has a diagnosis of history of suicidal ideation a plan of care should be developed so that direct care staff are aware of the history, regardless of how recent or distant the suicidal ideation is. The SW said when residents are admitted with this diagnosis, even if they deny suicidal ideation on admission, the process should still be followed so that their plan of care is person centered and tailored to their needs. During an interview on 1/9/25 at 12:47 P.M., the Director of Clinical Operations #2 said that regardless of how long ago the history of suicidal ideation was, and regardless of if the resident denies it on admission, a plan of care should be in place. She said that if it is present on admission, all staff should be evaluating the hospital discharge summary and gathering information to develop a plan of care. 36797 3. For Resident #24 the facility failed to develop a care plan for the use of antidepressant and anti-anxiety medication. Resident #24 was admitted to the facility in November 2023 with diagnoses including dementia, depression and psychosis. Review of the physician orders dated January 2025 indicated the following orders: -Ativan oral tablet 1 MG (milligram). Give 1 mg by mouth at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance. - Trazodone HCL oral tablet 50 MG, give 25 MG by mouth at bedtime related to unspecified dementia, unspecified severity, with other behavioral disturbance. Review of the current care plan for Resident #24 failed to indicate a focus, goals and interventions for the use of the anti anxiety medication Ativan and the antidepressant medication Trazodone. During an interview on 1/7/25 at 2:01 P.M., Unit Manager #1 said that she assumes that care plans should be in place for the use of both anti-anxiety and antidepressant medications. 44095 4. Resident #74 was admitted to the facility in January 2023 with diagnoses including traumatic brain injury, history of falling, and muscle weakness. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/18/24, indicated that Resident #74 was rarely/ never understood. This MDS further indicted Resident #74 rejected care and was dependent on staff for activities of daily living. On 1/6/25 at 7:36 A.M., 1/7/25 at 6:39 A.M., and 1/9/25 at 6:44 A.M., the surveyor observed Resident #74 in his/her bed, the side rails were in the middle of the bed, and they were not padded. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #74's plan of care related to activities of daily living, dated as revised 1/25/23, indicated: -Bed mobility-dependent of two. Review of Resident #74's plan of care related to side rails, dated 1/25/23, indicated: -Resident's side rails are padded to assist in skin integrity in skin integrity and limbs sliding through side. Review of Resident #74's plan of care related to potential for skin, dated as revised 3/26/23, indicated: -Residents side rails are padded to assist in skin integrity and limbs sliding through the side bar. During an interview on 1/9/25 at 7:37 A.M., Certified Nursing Assistant (CNA) #2 said Resident #74 does not have padded side rails on his/her bed. During an interview on 1/9/25 at 9:25 A.M., the Director of Clinical Operations #2 said nursing should implement the plan of care related to padding the side rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 44095 Based on observations, interviews, and record review the facility failed to ensure care plans were reviewed with the interdisciplinary team (IDT) as required for two Residents (#35 and #61) out of a total sample of 24 residents. Specifically, 1. For Resident #35 the facility failed to review and revise the care plan related to the oxygen flow rate for a tracheostomy (surgical incision in the neck to the windpipe to create an airway). 2. For Resident #61 the facility failed to review and revise the care plan related to protective equipment used for smoking (smoking apron). Findings include: Review of the facility policy titled, Care Plans, Comprehensive Person- Centered, dated as revised 1/24, indicated a comprehensive, person-centered care plan will be developed for each resident. The care plan will include objectives that meet the resident's physical, psychosocial and functional needs is developed for each resident. 1. The Interdisciplinary Team (IDT) in conjunction with the resident and his/her family or legal representative, may assist with the development of a comprehensive, care plan for each resident. 7. Evaluation of residents is ongoing and care plans are revised as information about the resident and the resident conditions change. 8. The IDT team reviews and updates the care plan when there has been a significant change in the resident's conditions, when there is a change and at least quarterly, in conjunction with the required quarterly MDS assessment. Review of the facility policy titled, Comprehensive Assessment and the Care Delivery Process, dated as revised 8/19, indicated comprehensive assessment will be conducted to assist in developing person-centered care plans. g. Completed assessments (baseline, comprehensive, MDS, etc.) are maintained in the resident's active record for a minimum of up to 15 months. These assessments are used to develop, review and revise the resident's comprehensive care plan. 1. Resident #35 was admitted to the facility in October 2022 with diagnoses including anoxic brain damage, chronic respiratory failure, and tracheostomy status. Review of the most recent Minimum Data Set (MDS) assessment, dated 11/8/24, indicated that Resident #35 was rarely/never understood. This MDS indicated Resident #35 was dependent on staff for activities of daily living. The MDS indicated Resident #35 received oxygen therapy and tracheostomy care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/6/25 at 7:49 A.M., and at 3:07 P.M., 1/7/25 at 6:52 A.M., and at 1:41 P.M. and on 1/8/25 at 1:06 P.M., the surveyor observed Resident #35 receiving oxygen at 4 liters per minute via tracheostomy mask. Review of Resident #35's plan of care related to tracheostomy related to anoxic brain injury, dated as revised 2/14/23, indicated: - Oxygen Settings: Tracheostomy mask at 28% humidified oxygen continuously on 2 liters, dated as revised 6/10/24. Review of Resident #35's physician's order, dated 7/15/24, indicated: - Administer oxygen at 4 liters per minute via tracheostomy mask continuously with 28% humidification. Review of Resident #35's physician progress note, dated 11/1/24, indicated: -Tracheostomy at 4 liters per minute. During an interview on 1/7/25 at 1:42 P.M., Nurse #2 said that Resident #35 is receiving oxygen at 4 liters per minute. During an interview on 1/9/25 at 9:01 A.M., the Director of Clinical Operations #2 said that the care plan should reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments to match the current oxygen flow rate, but that it had not been. 2. Review of the facility policy titled, Smoking- Policy Residents, dated as revised 3/24, indicated that this facility shall establish and maintain safe resident smoking practices. 1. Prior to, and upon admission if the facility is a smoking facility, residents shall be informed of the facility smoking policy, including designated smoking areas, and smoking times. 5. The resident will be evaluated upon admission and/or when a resident chooses to smoke, to determine if the resident's ability to smoke safely. 6. A resident's ability to smoke safely will be re-evaluated quarterly, upon a significant change (physical or cognitive) and as determined by the staff. 7. Any smoking-related concerns will be noted in the resident care plan. 9. Resident who are supervised for smoking will be monitored by a staff member or designee during the allowed smoking times Resident #61 was admitted to the facility in September 2023 with diagnoses including diabetes, depression, and failure to thrive. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the most recent Minimum Data Set (MDS) assessment, dated 12/20/24, indicated that Resident #61 was cognitively intact as evidenced by a Brief Interview for Mental Status exam score of 13 out of 15. This MDS further indicated Resident #61 required assistance with activities of daily living. Review of Resident #61's NSH Smoking Evaluation, dated 8/31/24 and 9/25/24, indicated: -Resident is safety to smoke with supervision and protective smoking equipment. Review of Resident #61's NSH Smoking Evaluation, dated 12/5/24, indicated: -Resident is able to smoke with supervision without protective smoking equipment. Review of Resident #61's current plan of care related to smoking, dated as revised 12/5/24, indicated: -Supervised, Apron while smoking, initiated on 9/26/23. During an interview on 1/7/25 at 11:43 A.M., Resident #61 said he/she smokes three times a day. Resident #61 said he/she does not wear a smoking apron and never has worn an apron. On 1/8/25 between 1:26 P.M., through 1:34 P.M., the surveyor observed Resident #61 outside smoking without a smoking apron. During an interview on 1/8/25 at 3:40 P.M., Activities Assistant #1 said Resident #61 does not use a smoking apron and he/she has never used a smoking apron. During an interview on 1/8/25 at 3:42 P.M., Activities Assistant #2 said Resident #61 does not use a smoking apron and he/she has never used a smoking apron. During an interview on 1/9/25 at 9:30 A.M., the Director of Clinical Operations #2 said Resident #61's smoking care plan should reflect the most recent assessment completed by the IDT team.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 - Some	Ensure services provided by the nursing facility meet professional standards of quality. 36797 Based on observation, record review and interview, the facility failed to meet professional standards of practice for three Residents (#14, #35 and #74) out of a total of sample of 24 residents. Specifically: 1. For Resident #14 the facility failed to follow-up on rising abnormal PSA (prostate surface antigen). A potential indicator of cancer levels. 2. For Resident #35 the facility failed to ensure nursing clarified a physician's order for medications that were ordered orally and Resident #35 received medications via g-tube (tube inserted into the stomach). 3. For Resident #74 the facility failed to ensure nursing clarified a physician's order for g-tube flushes (two different frequencies in one order). Findings include: 1. Resident #14 was admitted to the facility in October 2022 with diagnoses including schizophrenia, stroke and diabetes. Review of the facility document titled Lab Results Report, dated 6/18/24, indicated a PSA level of 12.280. (Normal is below 5.4) Review of the facility document titled Consultation/Clinic Referral Urology, dated 10/16/24, indicated Resident #14 seems to have obstructive symptoms. The report further indicated for Resident #14 to have a PSA level obtained and for Resident #14 to return in one month. Review of the facility document titled Lab Results Report, dated 10/17/24, indicated a PSA level of 15.36. Review of the clinical progress notes indicated the following: 10/3/24- Elevated PSA await urology follow-up 10/16/24- Out for urology appointment. Resident returned from urology appointment, labs PSA free and total, NP (nurse practitioner) aware. 10/17/24-Lab result in PSA result, CH 15.36, NP aware, no new order. 10/24/24- Had recent PSA testing which was elevated at 15. 11/7/24- Had recent PSA testing which was elevated at 15. Urology consult scheduled. 11/20/24- Attempted to schedule urology consult. (Hospital) social worker will call back with appointment in 5 to 7 days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 - Some	11/21/24- Had recent PSA testing which was elevated at 15. 12/5/24- Had recent PSA testing which was elevated at 15. 12/12/24- Had recent PSA testing which was elevated at 15. 12/13/24- Had recent PSA testing which was elevated at 15. 12/24/24- Had recent PSA testing which was elevated at 15. 12/26/24- Had recent PSA testing which was elevated at 15. 12/29/24- Urology consult scheduled, await follow-up. (The appointment was not scheduled). 12/31/24- Had recent PSA testing which was elevated at 15. 1/1/24- Had recent PSA testing which was elevated at 15. 1/7/24-clarification for urology consult that was pending. Urology consult scheduled for 11/14/24, was canceled due to lack of communication with facility; Resident requiring labs 2 weeks prior to appointment. Appointment now re-scheduled. During an interview on 1/7/25 at 11:07 A.M., Unit Manager #1 said that she would have expected that a follow-up appointment would have been scheduled. Unit Manager #1 then said that treatment options regarding the PSA level of 15 should have been discussed with Resident #14's responsible party. 44095 2. Review of the facility policy titled, Administering Medications, dated as revised 9/24, indicated that medications are administered in a safe and timely manner, and as prescribed. b. Medications are administered in accordance with prescriber orders, including any required time frame. e. The individual administering the medication checks the label to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. Resident #35 was admitted to the facility in October 2022 with diagnoses including anoxic brain damage, chronic respiratory failure, and tracheostomy status. Review of the most recent Minimum Data Set (MDS) assessment, dated 11/8/24, indicated that Resident #35 was rarely/never understood and required a feeding tube. Review of Resident #35's current physician's orders, with a start date of 8/23/23, indicated: -NPO (nothing by mouth) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 - Some	Review of Resident #35's active physician's orders on 1/6/25, indicated the following were ordered to be administered by mouth: -aspirin 81 milligrams (mg) by mouth daily, initiated on 11/23/24. -atorvastatin 40 mg by mouth at bedtime, initiated on 11/14/24. -fenofibrate 145 mg by mouth at bedtime, initiated on 11/14/24. During an interview on 1/8/25 at 1:03 P.M., Nurse #3 said Resident #35 takes his/her medications via g-tube. Nurse #3 said she administers medications in accordance with the physician's orders. Nurse #3 reviewed Resident #3's physician's order for aspirin and Nurse #3 said that she administered the medication by g-tube today. During an interview on 1/9/25 at 9:00 A.M., the Director of Clinical Operations #2 said medications should be administered as ordered and that nursing should have clarified Resident #35's orders and administered medications via g-tube. 3. Review of the facility policy titled, Enteral Nutrition, dated as revised 9/18, indicated that enteral nutrition is provided to residents when deemed to be medically necessary and consented by the resident or durable power of attorney (DPOA) for healthcare using evidence-based practice and procedures to minimize complications and maintain or improve nutritional status to the extent possible. Gastrostomy tube (G-tube) is a tube that is placed directly into the stomach through an abdominal wall incision for administration of food, fluids, and medications. The most common type is a percutaneous endoscopic gastrostomy (PEG) tube. 9. When the resident is fed by tube: iv. flushing with water at appropriate intervals. Resident #74 was admitted to the facility in January 2023 with diagnoses including traumatic brain injury, history of falling, and muscle weakness. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/18/24, indicated that Resident #74 was rarely/ never understood. The MDS further indicated that Resident #74 rejected care, was dependent on staff for activities of daily living and had a feeding tube. Review of Resident #74's nutrition progress note, dated 9/5/24, indicated: -Adjust water flushes to 250 milliliters (mL) four times daily. Review of Resident #74's current physician's order, with a start date of 10/13/24, indicated: -Enteral Feed, every 4 hours 250 milliliters (mL) flush 4 times daily. Scheduled every 4 hours at 12:00 A.M., 4:00 A.M., 8:00 A.M., 12:00 P.M., 4:00 P.M., and 8:00 P.M. (6 times daily) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 - Some	Review of Resident #74's Medication Administration Record (MAR), dated January 2025, indicated nursing administered the physician's order and documented by nursing as administered every 4 hours (6 times daily). During an interview on 1/8/25 at 12:52 P.M., Nurse #4 said Resident #74's feeding tube is flushed according to the physician's orders. During an interview on 1/9/25 at 9:52 A.M., the Dietitian said that Resident #74 should receive water flushes of 250 mL four times daily. During an interview on 1/9/25 9:11 A.M., the Director of Clinical Operations #2 reviewed Resident #74's flush orders in the electronic health record and said that the order was not clear and should have been clarified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 41105 Based on observation, record review and interview the facility failed to ensure assistance with Activities of Daily Living (ADLs) were provided to three Residents (#23, #5, and #7) out of a total sample of 24 residents. Specifically: 1. For Resident #23 the facility failed to ensure assistance with bed mobility and dining was provided as needed. 2. For Resident #5 the facility failed to ensure assistance with positioning and feeding was provided as needed. 3. For Resident #7 the facility failed to ensure assistance with grooming was provided as needed. Findings include: Review of the facility policy titled Activities of Daily Living (ADLs), Supporting, dated as revised 11/2024, indicated the following: -Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care); b. Mobility (transfers and ambulation, including walking); c. Elimination (toileting); d. Dining (meals and snacks); and e. Communication (speech, language, and any functional communication systems). 1. Resident #23 was admitted to the facility in November 2022 and has diagnoses that include Alzheimer's dementia and anxiety disorder. Review of the most recent Minimum Data Set (MDS) assessment, dated 11/1/24, indicated that Resident #23 was assessed by staff to have severely impaired cognition. The MDS further indicated that Resident #23 is dependent on staff for eating and bed mobility. Review of the current ADL care plan, last revised 11/19/24, indicates the following: -Eating: assist to dependent. -Bed mobility-Ext (extensive) to Dep (dependent)-2 assist. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-ADL performance ability fluctuates due to a decline in cognitive status and episodes of fatigue and weakness. Review of the Functional Abilities and Goals Assessment, dated 11/1/24, indicated Resident #23 is dependent on staff for eating and mobility. Review of the Medical Nutrition Therapy Assessment, dated 10/30/24, indicated need for assistance w/eating (sic). On 1/6/25 at 8:52 A.M., the surveyor observed Resident #23 laying flat in bed. A staff person delivered breakfast to the Resident's room, placed the tray on a tray table out of reach and exited the room to continue passing trays to other residents. The surveyor continued to make the following observation: -At 8:54 A.M., the surveyor entered Resident #23's room and observed Resident #23 laying awake in a flat bed, awake, able to see the breakfast tray, however unable to reach it. On 1/6/25 at 12:21 P.M., the surveyor observed Resident #23 in a recliner chair in the unit dining room. There was a lunch plate directly in front of him/her and Resident #23 was eating mac and cheese with his/her hands. The resident then picked up a cup of milk, looked at it then placed it in the middle of his/her plate on top of the mac and cheese. The surveyor continued to make the following observations: -At 12:25 P.M., Resident #23 sat with the cup of milk in his/her food and watched other residents eating and a Nurse walked past him/her and out of the dining room without offering any assist with the meal. -At 12:31 P.M., a Certified Nursing Assistant (CNA) asked Resident #23 are you not going to eat, then without offering assistance or waiting for a response sat down with her back to Resident #23 and began assisting a peer with their meal. On 1/7/25 at 12:14 P.M., the surveyor observed Resident #23 in a recliner chair in the unit dining room. A CNA set up lunch on the tray table in front of Resident #23 and walked away without offering assist with the meal. The surveyor continued to make the following observations: -At 12:19 P.M., Resident #23 started crying, and Nurse #1 walked over, told Resident #677 start feeding yourself and I will help you finish, I have to finish helping someone else first. Nurse #1 did not assist the Resident with the meal in front of him/her. During an interview on 1/10/25 at 8:55 A.M., with Resident #23's CNA #1 she said that Resident #23 is totally dependent for care, including with feeding. During an interview on 1/10/25 at 9:37 A.M., with the Director of Clinical Operations #2 she said meal trays should remain in the cart until staff are ready to sit down and assist a resident who is dependent for feeding. She said that it is her expectation that dependent residents be fed their meals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Resident #5 was admitted to the facility in November 2022 and has diagnoses that include dysphagia (difficulty chewing and swallowing) and contracture of the left and right hand. Review of the most recent Minimum Data Set (MDS) assessment, dated 11/1/24, indicated staff did not assess Resident #5's cognition however that he/she is rarely or never understood. The MDS further indicated that Resident #5 has no behavior of rejecting care, has impairment on both sides of upper extremities, and requires supervision or touching assistance with eating. Review of the current Nutrition care plan indicates the following: -NUTRITION: at risk for decline r/t (related to) limited mobility, difficulty feeding self, dysphagia, h/o (history of) dysphagia, hypertensive HF (heart failure), hypothyroidism, etoh (Alcohol) dependence. Review of the Medical Nutrition Therapy Assessment, dated 10/30/24, indicated at risk for decline r/t limited mobility, difficulty feeding self, dysphagia. Review of the current Activities of Daily Living care plan indicates: Resident has ADL self-care deficit as evidenced by: needs assistance with all ADL care. Review of the Functional Abilities Assessment, dated 11/19/24, indicates that Resident #5 requires supervision or touching assistance with meals. On 1/7/25 at 8:08 A.M., a Certified Nursing Assistant (CNA) delivered a breakfast tray to Resident #5 who was seated in a recliner chair, tucked in a corner of the room out of eyesight of all others. The CNA set up the tray and walked away offering no supervision or assistance with the meal. The surveyor continued to make the following observations: -At 8:10 A.M., Resident #5 attempted to use a two-handle cup to drinking orange juice, however his/her hands were shaking, and Resident #5 was unsuccessful at drinking the beverage, but rather it spilled on his/her chest. -At 8:11 A.M., Resident #5 picked up another liquid, but his/her hands were shaking so much the liquid spilled all over the food on the tray. -By 8:15 A.M., Resident #5 had made no attempts to self-feed. The surveyor approached the Resident and asked how the meal was. Resident #5 appeared confused and smiled and nodded at the surveyor. On 1/7/25 at 12:12 P.M., a CNA set up Resident #5's lunch in front of him/her then walked away to continue passing meals to other residents without positioning Resident #5 in an upright position in the recliner and without offering assistance with the meal. Resident #5's recliner back was at a 45-degree angle and he/she had slid down in the chair, unable to reach the food. The surveyor continued to make the following observations: -At 12:16 P.M., Resident #5 said to Nurse #1 can you pick me up a little as he/she had slid down in the recliner chair and poorly positioned to reach the food. Nurse #1 and a CNA boosted Resident #5 then walked away offering no assist with the meal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-By 12:19 P.M., no staff had offered touching assistance with the meal and Resident #5 had made no attempts to self-feed. On 1/10/25 at 8:35 A.M., Resident #5 was observed in a recliner chair in the dining room with the head of the recliner at a 45-degree angle. Nurse #1 set up Resident #5's meal on a tray table in front of him/her and walked away without positioning him/her upright or offering assistance with the meal. Resident #5 shakily reached for his/her double handled cup and as he/she tried to drink the beverage it spilled on his/her chest. No staff were present in the room to supervise or assist the resident. During an interview on 1/10/25 at 10:14 A.M., with Certified Nursing Assistant (CNA) #3 she said that Resident #5 requires total assistance with care and when he/she cannot feed him/herself we help him/her. CNA #3 said that whenever a resident is struggling to feed themselves, assistance should be offered. During an interview on 1/10/25 at 10:26 A.M., with Nurse #6 she said that Resident #5 shakes when he/she eats which is why he/she has special cups and utensils. Nurse #6 said that Resident #5's chair should be put upright for meals, that staff should always be present in the room for meals and if they notice Resident #5 is struggling or spilling they should assist him/her. 44095 3. Resident #7 was admitted to the facility in July 2024 with diagnoses including dementia, tracheostomy, diabetes, and seizures. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/4/24, indicated that Resident #7 was comatose. The MDS further indicated Resident #7 was dependent on staff for activities of daily living. On 1/6/25 at 7:45 A.M., and at 3:08 P.M., 1/7/25 at 6:52 A.M., and at 1:10 P.M., the surveyor observed Resident #7 in his/her bed he/she had facial hair around 5 millimeters in length. Review of Resident #7's plan of care related to activities of daily living, dated as revised 9/11/24, indicated: - Grooming, dependent two assists. During an interview on 1/7/25 at 1:37 P.M., Certified Nurse Assistant (CNA) #1 said Resident #7 should be shaved once a week and she needs the nurse to assist with shaving needs. During an interview on 1/7/25 at 1:56 P.M., Nurse #2 said CNAs should shave Resident #7 during care. Nurse #2 said that Resident #7 has facial hair that is long, and the facial hair should have been shaved during care. During an interview on 1/9/25 at 9:06 A.M., the Director of Clinical Operations #2 said grooming such as shaving should be provided routinely during care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. 41105 Based on observation, record review and interview the facility failed to ensure vision services were provided for one Resident (#6) out of a total sample of 24 residents. Specifically, the facility failed to ensure arrangements were made to repair eyeglasses for Resident #6. Findings include: Resident #6 was admitted to the facility in March 2022 and has diagnoses that include absolute glaucoma and artificial left eye. Review of Resident #6's most recent Minimum Data Set (MDS) assessment, dated 12/6/24, indicates that Resident #6 has moderately impaired vision and wears corrective lenses. On the Brief Interview for Mental Status exam Resident #6 scored a 6 out of a possible 15, indicating severely impaired cognition. The MDS further indicated Resident #6 has no behavior of rejecting care. Review of the current communication care plan for Resident #6 includes the following intervention: -Ensure hearing amplifier aid/glasses or other assistive devices are in place, start date 4/19/22. Review of the clinical progress notes indicates a note written by nursing, dated 8/25/24: -Social work needs to buy resident a new pair of glass (sic). Resident was wearing a broken glass (sic) which has potential risk to damage his/her R (right) eye which is his/her only functioned (sic) eye. Review of the most recent Social Service Evaluation, dated 12/17/24, indicated Resident #6's vision was adequate and made no mention of the missing eyeglasses. Review of Resident #6's most recent Nursing Evaluation, dated 12/1/24, indicates that Resident #6 has moderately impaired vision, wears corrective lenses, and wears a left prosthetic eye. Review of the Physician's Encounter progress note, dated 12/27/24, indicated that the Resident was recently seen at the hospital due to a bleed of his/her prosthetic eye and would need to follow-up with ophthalmology. There was no mention of Resident #6's eyeglasses being in disrepair. Review of the clinical progress notes failed to indicate a referral was made to have the eyeglasses repaired. During an observation and interview on 1/6/25 at 8:14 A.M., Resident #6 was observed in bed wearing broken, smudged glasses. Resident #6 said the glasses need to be cleaned and that they broke a long time ago, but no one has assisted him/her to get them repaired. The right-side arm of the glasses is broken off. On 1/7/25 at 11:43 A.M., Resident #6 was observed in bed wearing broken glasses. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/10/25 at 7:58 A.M., Resident #6 was observed in bed, holding his/her broken glasses. During an interview on 1/10/25 at 7:58 A.M., with Resident #6's Certified Nursing Assistant (CNA) #3 she said that she was aware that Resident #6's glasses are broken and added they have been broken for some time now. CNA #3 said that she does not know what's being done about the broken glasses. During an interview on 1/10/25 at 8:52 A.M., with Resident #6's Social Worker (SW) she said that it is the expectation that if a resident breaks their eyeglasses that a referral be made to the contracted ophthalmology services to arrange a visit with the eye doctor to facilitate the repair of the glasses. She said that she was unaware that Resident #6's glasses were broken. During a follow-up interview on 1/10/25 at 10:08 A.M., the SW said that she learned that the Physician's Assistant saw Resident #6 on 12/16/24 regarding the broken glasses and that Resident #6 will be seen by the eye doctor in February to address the issue. SW #1 said that there is no information in the record to indicate what occurred between August and December 2024 to address the broken eyeglasses. During an interview on 1/10/25 at 9:45 A.M., with the Director of Clinical Operations #2 she said that when a resident breaks their glasses, the ophthalmologist should be contacted to issue a new pair of glasses, or a plan determined with the family about how they will be replaced. She said that the plan should be documented in the record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 44095 Based on observation, interview, and record review, the facility failed to ensure nursing implemented interventions for pressure ulcer care for one Resident (#61) out of a total sample of 24 Residents. Specifically for Resident #61 the facility failed to ensure that nursing implemented physician's ordered Prevalon boots and failed to consistently elevate his/her heels off the bed. Findings include: Review of the facility policy titled, Prevention and management of Pressure Ulcers/ Injuries, dated as revised 11/24, indicated the purpose of this policy is to ensure a resident receives care consistent with professional standard of practice to prevent pressure ulcers and/or residents with pressure ulcer receive necessary treatment and services consistent with professional standards of practice to promote healing, prevent infection and prevent new ulcers from developing. -Definitions: Pressure Ulcer/Injury (PU/PI) refers to localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. *Stage 3 Pressure Injury: Full-thickness tissue loss -The Stage 3 PI appears as full-thickness loss of skin and tissue, in which subcutaneous fat may be visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. - Slough and/or eschar may be visible but does not obscure the depth of tissue loss. - The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. - Undermining and tunneling may occur. - Fascia, muscle, tendon, ligament, cartilage and/or bone are NOT exposed. - If slough or eschar obscures the wound bed, it is an Unstageable PI. *Stage 4 Pressure Injury: Full-thickness skin and tissue loss with exposed -The Stage 4 PI appears as full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. - Slough and/or eschar may be visible on some parts of the wound bed. - Epibole (rolled edges), Undermining and/or Tunneling often occur. - Depth varies by anatomical location. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	*Risk Assessment 5. Develop the resident-centered care plan and interventions based on the risk factors identified, the condition of the skin, the resident's overall clinical condition. Resident #61 was admitted to the facility in September 2023 with diagnoses including diabetes, depression, and failure to thrive. Review of the most recent Minimum Data Set (MDS) assessment, dated 12/20/24, indicated that Resident #61 was cognitively intact as evidenced by a Brief Interview for Mental Status exam score of 13 out of 15. The MDS further indicated Resident #61 required assistance with activities of daily living, has one Stage 3 pressure ulcer and two Stage 4 pressure ulcers. Review of Resident #61's plan of care related to activities of daily living, dated as revised 11/1/23, indicated: -bed mobility: limited to extensive assistance of one, revised 10/3/23. Review of Resident #61's current physician's order, with a start date of 8/31/24, indicated: -Prevalon boots and elevate lower legs to reduce pressure. Review of Resident #61's plan of care related to actual alteration in skin integrity, dated as revised 1/3/25, indicated: -Consult and treatment by Certified Wound Physician, dated as initiated 9/26/23. -Heels, offloaded when in bed, dated as initiated 11/19/24. Review of the physician's order, dated 12/18/24, indicated: -Right Lateral Heel, Stage 3. Review of Resident #61's physician's order, dated 1/1/25, indicated: -Pressure wound right lateral foot. On 1/6/25 at 8:13 A.M., 1/6/25 at 9:02 A.M., 1/6/25 at 12:39 P.M., 1/6/25 at 3:04 P.M., 1/6/25 at 4:30 P.M., 1/7/25 at 6:50 A.M., 1/7/25 a 11:43 A.M., 1/9/25 at 6:47 A.M., and 1/9/25 at 7:37 A.M., the surveyor observed Resident #61's right heel directly on the bed extender and not elevated. There were no Prevalon boots as ordered by the physician. During an interview on 1/7/25 at 1:10 P.M., Resident #61 said he/she was not provided with any boots by the facility. During an interview on 1/9/25 at 2:00 P.M., Certified Nursing Assistant (CNA) #2 said Resident #61 does not wear boots, and Resident #61 has wounds on his/her feet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 9:33 A.M., the Director of Clinical Operations #2 said nursing should implement care plan interventions and physician's orders to promote wound healing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 44095 Based on observation, interview, and record review, the facility failed to consistently provide range of motion (ROM) care and treatment in accordance with professional standards of practice for one Resident (#35) out of a total sample of 24 residents. Specifically, the facility failed to ensure staff obtained physician's orders for bilateral hand splints (a device to properly position and protect hand joints) use based on the Occupational Therapist's recommendation. Findings include: Review of the facility policy titled, Care Plans, Comprehensive Person- Centered, dated as revised 1/24, indicated a comprehensive, person- centered care plan will be developed for each resident. The care plan will include objectives that meet the resident's physical, psychosocial and functional needs is developed for each resident. 1. The Interdisciplinary Team (IDT) in conjunction with the resident and his/her family or legal representative, may assist with the development of a comprehensive, care plan for each resident. 2. The care plan interventions are derived from information gathered as part of the comprehensive assessment. 3. The resident comprehensive care plan will identify problem areas and their causes as warranted and develop interventions that are targeted and meaningful to the resident. Resident #35 was admitted to the facility in October 2022 with diagnoses including anoxic brain damage, chronic respiratory failure, and tracheostomy status. Review of the most recent Minimum Data Set (MDS) assessment, dated 11/8/24, indicated that Resident #35 was rarely/never understood. This MDS further indicated Resident #35 was dependent on staff for activities of daily living and Resident #35 had functional limitation in range of monition on both sides of the upper extremities and lower extremities. On 1/6/25 at 7:49 A.M., and at 3:07 P.M., 1/7/25 at 6:52 A.M., and at 1:41 P.M. and on 1/8/25 at 1:06 P.M., the surveyor observed Resident #35 in his/her bed wearing bilateral hand splints. Review of Resident #35's physician's order, dated 12/31/24, indicated: -Occupational Therapy Services discontinued on 12/31/24. Review of Resident #35's Occupational Therapy (OT) Discharge Summary, dated 12/31/24, 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
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Discharge Recommendations: It is recommended that bilateral upper extremities orthoses to be donned every day for as long as possible with no signs of discomfort/redness. Orthotics should be checked at every shift change to ensure skin is intact. Review of Resident #35's physician's orders on 1/6/25, failed to include documentation to support a splint wearing schedule. Review of Resident #35's plan of care on 1/6/25, failed to include documentation to support a splint wearing schedule. During an interview on 1/7/25 at 1:38 P.M., Certified Nurse Assistant (CNA) #1 said that splits should be removed while providing care and she was not sure how long Resident #35 should wear his/her hand splints. During an interview on 1/7/25 at 1:41 P.M., Nurse #2 said she was not sure when Resident #35 was supposed to wear his/her hand splints. Nurse #2 said she thought that Resident #35 must have his/her splints applied on the evening and night shifts. Nurse #2 reviewed Resident #35's medical record and said she did not have any instructions for splint use or care, but that she should. During an interview on 1/8/25 at 1:06 P.M., Nurse #3 said that Resident #35 has hand splints on and Nurse #3 said that splint care is provided based on the physician's orders. Nurse #3 reviewed the electronic health record and Nurse #3 said she was not sure what Resident #35's splint wearing schedule was. During an interview on 1/8/25 at 2:49 P.M., the Director of Clinical Operations #2 said that splint use should be care planned to include a schedule of when to wear and when to remove the hand splints. As well, she said that there were no orders for splints in the electronic health record but that there should be.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 49880 Based on record review and interview, the facility failed to maintain acceptable parameters of nutritional status for one Resident (#88) out of a total sample of 24 residents. Specifically, for Resident #88 the facility failed to obtain weights as ordered and identify and address potential significant weight changes by not reviewing post dialysis weights and reweighing the resident in a timely manner to confirm a significant weight change. Findings Include: Review of facility policy titled Weight Management, dated as revised 4/4/19 indicated the following: -Weights will be obtained weekly x 4 after admission. Subsequent weights will be monthly unless physician's orders or the resident's condition warrants more frequent as determined by the Interdisciplinary Team (IDT). -All residents with significant weight changes will have verification of weight measurement for accuracy and documentation purposes. -If the resident refuses weighing or circumstances prevent weighing the resident, the IDT will document the reason in the resident's medical record and care plan. Make attempt to weigh resident at another time. Resident #88 was admitted to the facility in November 2024 with diagnoses that include end stage renal disease and dependence on renal dialysis. Review of Resident #88's most recent Minimum Data Set (MDS) Assessment, dated 11/26/24, indicated a Brief Interview for Mental Status exam score of 15 out of 15, indicating intact cognition. Review of Resident #88's active care plan indicated the following: -A nutrition care plan that indicated the Resident is underweight related to suspected poor PO (oral) intake as exhibited by low BMI (body mass index) Review of Resident #88's current physician's orders indicated the following order: -Check weight once weekly on Tuesdays in the morning, dated 12/17/24. Review of Resident #88's electronic medical record indicated the following weights: -11/20/24 100.6 pounds (lbs.) The record failed to indicate any further weights were obtained. Review of the Nutrition Assessment, dated 11/21/24, indicated the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The need for increased nutrient needs due to the resident being underweight. -Noted a current weight of 100.6 with observed clavicle and temporal wasting. Review of Resident #88's Dialysis Communication Book indicated the following documented weights from the dialysis center: 12/9/24 communication sheet indicated a pre dialysis weight of 62.7 kilograms (kg) or 137.94 lbs., and a post dialysis weight of 60.4 kg or 132.88 lbs. 12/27/24 communication sheet indicated a pre dialysis weight of 61.3 kg or 134.86 lbs., and a post dialysis weight of 59.7 kg or 131.34 lbs. 12/31/24 communication sheet indicated a pre dialysis weight of 63.1 kg or 138.82 lbs. but did not indicate a post dialysis weight. 1/8/24 dialysis communication sheet indicated a post dialysis weight of 50.3 kg or 110.66 lbs. -On 11/20/24, the Resident weighed 100.6 lbs., and on 12/9/24, the Resident weighed 132.88 lbs. which is a 32.09 % gain in 19 days. -On 12/31/24, the Resident weighed 138.82 lbs., and on 1/8/25, the Resident weighed 110.66 pounds which is a -20.29 % loss in 8 days. Review of the medical record failed to indicate that post dialysis weights were reviewed and evaluated for potential significant gain or loss. Review of the December 2024 Medication Administration Record (MAR) indicated the following: -Failed to indicate that a weight was obtained on 12/24/24 as indicated and was signed as obtained on 12/31/24 but was not documented in the medical record. Review of the January 2025 MAR indicated the following: -Indicated the Resident refused to be weighed on 1/7/24 and a progress note that indicated, patient refused to take weight, prefers to do it at 8 am (sic). Review of Resident #88's medical record failed to indicate the plan of care was adjusted to an 8:00 A.M. weight or that any follow up weight was obtained after the 1/7/24 refusal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 9:48 A.M., the Dietitian said Resident #88 is a newer resident in the facility. The Dietitian reviewed the electronic medical record and said only one weight had been recorded for the Resident, but there should be more by this time. She said all weights should be documented in the electronic medical record. She said that if a resident is refusing to be weighed, she would expect to be notified, but she was not aware that Resident #88 had been refusing some weights. The Dietitian said when a resident refuses to be weighed the staff should reoffer and continue to attempt to obtain the weight. She said she has not reviewed the dialysis communication book and said that if there are weights in there, she is not aware of them. She said that she has not had communication with the Registered Dietitian at the dialysis center. During an interview on 1/9/25 at 11:10 A.M., Nurse #7 said that the nurses are responsible for checking for post dialysis weights in the dialysis communication book for changes and checking for recommendations regarding medication changes. She said she was not sure if Resident #88 had any changes or irregularities in his/her weight. She said that the weights or vital signs documented at dialysis are not entered into the electronic medical record. Nurse #7 also said that she is not sure what the process is if a resident refuses a weight but if there was a concern with the weight, she would let the provider know the resident had a gain or loss. During an interview on 1/9/25 at 12:37 P.M., Director of Clinical Operations #2 said upon return from dialysis, nurses should be checking the dialysis communication book for the post dialysis weights and vital signs, and those readings should be entered into the electronic medical record. She said she would expect that any weights obtained in the center or at dialysis are evaluated and compared to previous weights. Further, she said at the center weights should be obtained as ordered, and if the resident is refusing a provider should be notified and it should be added to the resident's plan of care. She also said that the post dialysis weights in Resident #88's communication book should have been evaluated and assessed for a potential significant change, but they were not. During a follow up interview on 1/9/25 at 1:17 P.M., the Dietitian said that she reviewed the weights in Resident #88's dialysis communication book and that the significant change in the weight noted on 12/9/24 should have been evaluated and addressed for a potential significant change, but was not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 44095 Based on observations, interview, and record review, the facility failed to ensure that respiratory care and services consistent with professional standards of practice, were provided for one Resident (#26), out of a total sample of 24 Residents. Specifically for Resident #26 the facility failed to ensure nursing a.) consistently set his/her oxygen flow rate as ordered by the physician and b.) nursing changed nebulizer machine tubing as ordered by the physician. Findings include: Resident #26 was admitted to the facility in October 2022 with diagnoses including emphysema, chronic obstructive pulmonary disease (COPD), and anxiety. Review of the most recent Minimum Data Set (MDS) assessment, dated 11/8/24, indicated that Resident #26 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS further indicated Resident #26 required assistance with activities of daily living. a.) Review of the policy, Oxygen Administration, dated as revised 1/24, indicated the purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation 1. Verify that there is a physician's order in place. Review the physician's orders or facility protocol for oxygen administration. On 1/6/25 at 7:40 A.M., and at 4:00 P.M., 1/8/25 at 3:53 P.M., and 1/9/24 at 7:45 A.M., the surveyor observed Resident #26 receiving oxygen via nasal cannula at 3 liters per minute. Review of Resident #26's physician's progress note, dated 11/1/24, indicated Resident has a history of severe COPD with chronic oxygen use at 2 liters per minute. Review of Resident #26's current physician's order, with a start date of 11/11/23, indicated: -Obtain oxygen saturation every shift and administer oxygen at 2 liters per minute. Review of Resident #26's plan of care related to respiratory status, dated as revised 11/21/24, indicated: -Oxygen settings: oxygen via nasal cannula as ordered. During an interview on 1/6/25 at 3:00 P.M., Nurse #5 said that Resident #26 receives oxygen based on the physician's order. During an interview on 1/9/25 at 8:56 A.M., the Director of Clinical Operations #2 said oxygen settings should be set according to the physician's order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b.) During an interview on 1/6/25 at 8:08 A.M., Resident #26 said I think I have pneumonia (infection of the lungs), I have not been feeling good all weekend, they have been giving me nebulizer treatments and I don't think the nebulizer is working because the mist wasn't coming up The surveyor observed the nebulizer tubing dated as 12/24/24, and there was still a clear liquid in the cup (part that holds the liquid medicine). On 1/6/25 at 9:04 A.M., the surveyor observed Resident #26 receiving a nebulizer treatment. Review of Resident #26's physician's order, dated 2/28/24, indicated: -Change nebulizer and oxygen tubing and bottle weekly. Initial tubing at the time of the change. Review of Resident #26's Treatment Administration Record (TAR), dated January 2025, indicated on 1/1/25 nursing did not change the tubing as ordered and coded the record as sleeping. During an interview on 1/6/25 at 3:00 P.M., Nurse #5 said that Resident #26 was administered a nebulizer treatment based on the physician's order. During an interview on 1/7/25 at 1:31 P.M., the Director of Clinical Operations #2 said nebulizer changes are completed based on the physician's orders and the nurse should not have coded the tubing change as sleeping and should have changed the nebulizer tubing as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. 41105 Based on record review and interview the facility failed to ensure a care plan was developed for Trauma Informed Care, with resident specific triggers and interventions, for three Residents (#2, #73, and #78) out of a total sample of 24 residents. Findings include: The facility policy titled Trauma Informed Care, dates as revised 10/19, indicated the following: Preparation: 1. Staff are provided in-service training about trauma, its impact on health, and post-traumatic stress disorder in the context of the healthcare setting. 2. Nursing staff are trained on screening tools, trauma assessment and how to identify triggers associated with re-traumatization. 3. Staff are guided in evidence-based organizational and interpersonal strategies that support trauma informed care. General guidelines: 1. The facility supports a culture of emotional well-being and physical safety for staff, residents, and visitors. 2. Trauma-informed care is culturally sensitive, and person centered 3. Caregivers are taught strategies to help eliminate, mitigate, or sensitively address a residents' triggers. 1. Resident #2 was admitted to the facility in June 2024 and has diagnoses that include Adult Sexual Abuse and Dementia. Review of the most recent Minimum Data Set (MDS) assessment, dated 12/20/24, indicated that on the Brief Interview for Mental Status exam Resident #2 scored a 12 out of a possible 15, indicating moderately impaired cognition. Review of the record failed to indicate a trauma assessment had been completed. Review of the record failed to indicate a trauma care plan was in place. Review of the hospital discharge paperwork provided to the facility in June 2024 indicated a new diagnosis of Adult Sexual Abuse due to the potential rape of Resident #2 at the prior facility he/she resided in. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 12:20 P.M., with the facility Social Worker (SW) she said that a a trauma assessment and a trauma care plan should have been developed for Resident #2. The SW said that it is the expectation that the SW follows up with the Resident, makes sure staff is aware of the situation and educate the staff regarding potential triggers for re-traumatization. During an interview on 1/9/25 at 12:47 P.M., with the Director of Clinical Operations #2 she said that when a Resident admits to the facility with a recent rape allegation, that the SW should follow up with the resident, assess the resident and develop a trauma care plan with resident specific interventions and triggers. 49880 2. Resident #73 was admitted to the facility in July 2024 with diagnoses that include personal history of suicidal ideation, schizoaffective disorder, bipolar type, personal history of adult physical and sexual abuse Review of the most recent Minimum Data Set (MDS) Assessment, dated 10/11/24, indicated a Brief Interview for Mental Status exam score was not able to be obtained and Resident #73 was assessed by staff to have severely impaired cognition. The MDS further indicated 12-14 days of the look back period (nearly every day) the resident had little interest or pleasure in doing things and felt tired or had little energy. Review of Resident #73's medical record failed to indicate a trauma assessment had been completed. Review of Resident #73's active plan of care failed to indicate a trauma care plan was in place. During an interview on 1/9/25 at 12:20 P.M. Social Worker #1 said that a diagnosis of adult physical and sexual abuse would warrant a trauma assessment to be completed and a care plan be developed. She said social services would make follow up visits with the resident and make sure that everyone is aware of the trauma and potential triggers. She said a resident with this diagnosis should have a trauma care plan in place, should be referred to psych services and ensure that the physician is aware of the diagnosis and trauma. During an interview on 1/9/25 at 12:47 A.M., Director of Clinical Operations #2 said that with a history of physical and or sexual abuse a trauma assessment and care plan should be completed. Staff should review the hospital discharge summary to gather all information when the resident is admitted to the facility. 36797 3. Resident #78 was admitted to the facility in December 2024 with diagnoses that include assault by unspecified means, post traumatic stress disorder (PTSD) and anxiety disorder. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/25/24, indicated a Brief Interview for Mental Status exam score was not able to be obtained and Resident #78 was assessed by staff to have severely impaired cognition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #78's medical record failed to indicate a trauma assessment had been completed. Review of Resident #78's active plan of care failed to indicate a PTSD care plan with resident specific triggers and interventions. During an interview on 1/7/25 at 2:21 P.M., the Director of Clinical Operations #1 said that any resident with PTSD should have a resident specific care plan in plan with specific triggers and interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. 44095 Based on observation, record review and interview the facility failed to ensure that bilateral side rails were implemented in accordance with the care plan, for one Resident (#74) out of a total sample of 24 residents. Findings include: Resident #74 was admitted to the facility in January 2023 with diagnoses including traumatic brain injury, history of falling, and muscle weakness. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/18/24, indicated that Resident #74 was rarely/ never understood. The MDS further indicated Resident #74 was dependent on staff for activities of daily living. On 1/6/25 at 7:36 A.M., 1/7/25 at 6:39 A.M., and on 1/9/25 at 6:44 A.M., the surveyor observed Resident #74 in his/her bed. The bilateral side rails were in the middle of the bed. There was 31 inches from the headboard to the top of the side rail, the side rail measured 25 inches, and then there was 27 inches between the bottom of the side rail and the foot of the bed. Review of Resident #74's plan of care related to activities of daily living, dated as revised 1/25/23, indicated: -Bed mobility-dependent of two. Review of Resident #74's form titled, Side Rail Consent Form, undated, indicated that this consent is for the use of side rails on this resident's bed for bed mobility only. Date of Discussion: left blank. Last Reviewed by facility: left blank. Risks/ Benefits: left blank. Entrapment/ Enabler ( ) By Checking here and by my signature below, I give consent for side rails to be used for bed mobility only. My signature also indicates that I understand the risk and benefits of side rails. Signed by the Resident's representative on 1/18/23. (not checked off as consenting) Review of Resident #74's plan of care related to side rails, dated 1/25/23, indicated: -Resident or Resident health representative has consented to the use of assertive device. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Grab bars to be used as an enabler for bed mobility. Review of Resident #74's physician's order failed to include the type and size of the side rail. Review of Resident #74's the NSH Nursing Evaluation - V 18, dated 1/4/25, indicated: Section B. Musculoskeletal. m. Type of Rail Needed: -Bilateral During an interview on 1/9/25 at 7:37 A.M., Certified Nursing Assistant (CNA) #2 said Resident #74 is totally dependent for care. CNA #2 said that Resident #2 has two side rails in the middle of his/her bed to keep him/her in bed. During an interview on 1/9/25 at 9:28 A.M., the Director of Clinical Operations #2 said Resident #74 should have his/her side rails based on the side rail assessment and the care plan. On 1/9/25 at 10:58 A.M., the surveyor observed the Maintenance Director measure Resident #74's bilateral side rails. There was 31 inches from the headboard to the top of the side rail, the side rail measured 25 inches, and there was 27 inches between the bottom of the side rail and the foot of the bed. On 1/9/25 at 11:07 A.M., the surveyor and the Director of Clinical Operations #2 observed Resident #27 in bed. The Director of Clinical Operations #2 said that the side rails on Resident #74's bed are not grab bars. During an interview on 1/9/25 at 12:33 P.M., the Administrator said the facility did not have a policy for side rails.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 - Some	Post nurse staffing information every day. 44095 Based on observations and interviews, the facility failed to post nursing staff data daily, at the start of each shift, as required. Findings include: On 1/6/25 at 6:47 A.M., and at 5:00 P.M., and on 1/7/25 at 6:40 A.M., the surveyor observed the daily staffing posted at the front of the facility dated Wednesday December 25, 2024. On 1/8/25 at 11:47 A.M. and at 4:37 P.M., the surveyor observed the daily staffing posted at the front of the facility dated Tuesday January 7, 2025. On 1/9/25 at 6:52 A.M., the surveyor observed the daily staffing posted at the front of the facility dated Tuesday January 7, 2025. During an interview on 1/9/25 at 11:23 A.M., the Scheduling Coordinator said she is responsible for printing the staff data daily to the reception printer. The Scheduling Coordinator said the Administrator, or the Receptionist will post the staff data. During an interview on 1/9/25 at 12:32 P.M., the Administrator said that nurse staffing should be posted as required.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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. 36797 Based on observations, record review, and interviews, the facility failed to ensure it was free from a medication error rate of greater than 5% when one out of four nurses observed made 10 errors out of 43 opportunities, resulting in a medication error rate of 20.93%. Those errors impacted two Residents (#34 and #77). Findings include: Review of the facility policy titled Administering Medications, dated as revised 9/2024, indicated that medications are administered in a safe and timely manner and as prescribed. Further review indicated that medications may be administered one hour before or after the prescribed time, unless otherwise specified. 1. Resident #34 was admitted to the facility in March 2015 with diagnoses including diabetes, Alzheimer's and high blood pressure. On 1/7/25, at 8:25 A.M. the surveyor observed Nurse #10 administer the following medications to Resident #34: -Aspirin Enteric Coated 81 mg. (milligrams) one tablet; -Metformin 500 mg. one tablet; and -Vitamin D 10 mg one tablet. Review of Resident #34's physician's orders dated January 2025, indicated the following medications to be administered at 8:00 A.M., and 9:00 A.M. -Aspirin Enteric Coated 81 mg. (milligrams) one tablet at 8:00 A.M. -Metformin 500 mg. one tablet at 8:00 A.M. -Vitamin D 10 mg one tablet at 8:00 A.M. -Glipizide 5 mg one tablet at 8:00 A.M. (did not give) -Lokelma oral packet 10 GM (grams) one packet by mouth at 8:00 A.M. (did not give) -Miralax Powder 17 GM at 8:00 A.M. (did not give) -Atenolol 25 mg one tablet at 8:00 A.M. (did not give) -Namanda 5 mg one tablet at 8:00 A.M. (did not give) -B-12 100 mcg (micrograms) at 9:00 A.M. (did not give) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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	-Ferrous Sulfate 325 mg one tablet at 9:00 A.M. (did not give) 2. Resident #77 was admitted to the facility in March 2024 with diagnoses including heart disease, adult failure to thrive and high blood pressure. On 1/7/25, at 8:30 A.M. the surveyor observed Nurse #10 administer the following medications to Resident #77: -Atorvastatin 80 mg one tablet; -Omeprazole 20 mg one tablet; -Aspirin 81 mg one tablet; and -Ferrous Sulfate 324 mg one tablet. Review of Resident #77's physician's orders dated January 2025, indicated the following medications to be administered at 8:00 A.M., and 9:00 A.M. -Atorvastatin 80 mg one tablet at 8:00 A.M. -Omeprazole 20 mg one tablet at 8:00 A.M. -Aspirin 81 mg one tablet at 8:00 A.M. -Ferrous Sulfate 324 mg one tablet at 8:00 A.M. -Amlodipine Besylate 10 mg one tablet at 8:00 A.M. (did not give) -Metoprolol Succinate Extended Release 12.5 mg one tablet at 8:00 A.M. (did not give) During an interview on 1/7/25 at 2:21 P.M., the Director of Clinical Operations #1 said that all scheduled medications should be given at the time ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 41105 Based on observation and interview the facility failed to ensure drugs and biologicals were stored in accordance with accepted professional standards of practice. Specifically: 1. A medication nurse gave the keys, including narcotic keys to an unassigned staff nurse, providing that nurse access to their medication cart; and 2. Nursing failed to secure the medication cart on 1 of 3 nursing units. Findings include: 1. On 1/6/25 at 8:26 A.M., a nurse entered the 3rd floor dining room, asked Nurse #1 for the keys to his medication cart. The nurse then walked across the room to Nurse #1's medication cart, unlocked the cart, briefly accessed the cart, then locked it and returned the keys to Nurse #1. While the nurse was in Nurse #1's cart, Nurse #1 had his back to the cart and was assisting a resident. During an interview with the Director of Clinical Operations #1 on 1/7/25 at 2:22 P.M., she said that it is her expectation that nurses maintain the keys to their own medication cart and not allow other nurses to access the cart. She said the nurse that has the keys to a cart is responsible for the medication in the cart, including narcotics. 2. On 1/6/25 at 12:10 P.M., the surveyor observed, opened, and accessed an unlocked medication cart in the 3rd floor unit dining room. There were five residents on the side of the room where the cart was located. Nurse #1 was observed across the room sanitizing the hands of residents in the room and was unaware that the surveyor was able to access the medication cart. During an interview on 1/6/25 at 12:11 P.M., Nurse #1 said that the medication cart should always be locked when not attended. On 1/7/25 at 8:06 A.M., the surveyors observed, opened, and accessed an unlocked medication cart in the 3rd floor unit dining room. There were three residents on the side of the room where the cart was located. Nurse #1 was observed across the room serving a resident breakfast and was unaware that the surveyor was able to access the medication cart. During an interview on 1/7/25 at 8:07 A.M., Nurse #1 said that the medication cart should always be locked when not attended. During an interview with the Director of Clinical Operations #1 on 1/7/25 at 2:22 P.M., she said that it is her expectation that medication carts be locked when unattended.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely, quality laboratory services/tests to meet the needs of residents. 44095 Based on record review and interviews, the facility failed to ensure laboratory services were provided for one Resident (#7) out of a sample of 24 Residents. Specifically, the facility failed to ensure routine labs were obtained according to the physician's orders. Findings include: Review of the facility policy titled, Lab and Diagnosis Test Results - Clinical Protocol, dated 2/2020, indicated the following: 1. The physician will identify, and order diagnosis and lab testing based on the resident's diagnostic and monitoring needs. 2. The staff will process test requisitions and arrange for tests. Resident #7 was admitted to the facility in July 2024 with diagnoses including dementia, tracheostomy, diabetes, and seizures. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/4/24, indicated that Resident #7 was comatose. Review of Resident #7's current physician's order, with a start date of 7/4/24, indicated: -CBC, CMP, LFT, Magnesium, and phosphorus every Tuesday and Thursday. (CBC, complete blood count is a blood test that measures amounts and sizes of your red blood cells, hemoglobin, white blood cells and platelets) (CMP, comprehensive metabolic panel is a blood test that measures 14 different substances like proteins and electrolytes in the blood.) (LFT, liver function tests are blood tests that measure different substances produced by the liver, including proteins, enzymes, and bilirubin.) (Magnesium, a blood test that measures the amount of magnesium in a sample in blood. The body needs magnesium to help muscles, nerves, and heart work properly. Magnesium also helps control blood pressure and blood glucose, also called blood sugar) (Phosphorus, phosphate in blood test measures the amount of phosphate in a sample of the blood. Phosphate contains a mineral named phosphorus. Phosphate is a type of electrolyte. Electrolytes are electrically charged minerals. They help control the amount of fluids and the balance of acids and bases (pH balance) in the body.) Review of Resident #7's current physician's order, with a start date of 7/16/24, 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
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-CBC and CMP weekly on Tuesday. Review of Resident #7's current physician's order, with a start date of 9/10/24, indicated: -Weekly CBC and CMP. Review of Resident #7 laboratory results in the electronic health record and paper medical record indicated the following results: -BMP and CBC obtained on 11/19/24. (BMP, a basic metabolic panel, is a blood test that measures eight different substances in your blood.) -BMP and CBC obtained on 12/3/24 -CBC and CMP obtained on 1/1/25 During an interview on 1/9/25 at 1:56 P.M., Nurse #2 said when labs are ordered it is the nurses' responsibility to put a lab slip in the book for the labs to be obtained. During an interview on 1/9/25 at 9:09 A.M., the Director of Clinical Operations #2 said labs should be obtained based on the physician's orders. She was unable to provide the surveyor with any additional labs and said that she was unable to find lab work that consistently corresponded with the active physician's orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36797 Based on observations, interviews and record reviews, the facility failed to provide dental services for one Resident (#85) out of a total sample of 24 residents. Findings include: Review of the policy titled Dental Services, dated as revised 11/2017, indicated: -Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. -All dental services provided are recorded in the resident's medical record. Resident #85 was admitted to the facility in January 2024 with diagnoses including kidney disease, heart disease and alcohol use. Review of the January 2025 Physician's orders for Resident #85 indicated an order dated 1/19/24: may have dental consults. Review of the progress note, dated 12/6/24, indicated that right before dinner the Resident stated that (he/she) was having mouth discomfort. Upon examination, this writer noted some redness/inflammation on the gums around the base of one of the Resident's front teeth. PA (physician's assistant) notified and ordered 500 mg of Amoxicillin three times a day for seven days. Resident will also be added to (dental services) to be seen by the dentist when they arrive to the facility on [DATE]th. Review of the medical record failed to indicate that Resident #85 was seen by the dentist on 12/10/24 or any time since then. During an interview on 1/7/25 at 2:21 P.M., the Director of Clinical Operations #1 said that if a resident has swelling of the gums and pain in the mouth the expectation that a dental consult would be obtained.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44095 Based on observations and interviews, the facility failed to adhere to safe food practices to prevent contamination of food and beverage items intended for resident consumption in the facility's main kitchen. Specifically, the facility failed to implement safe food practices in the main kitchen relative to discarding food that was spoiled and labeling/dating guidelines. Findings include: Review of the facility policy titled, Food and Supply Storage, dated as revised ,d+[DATE], indicated food, non-food items, and supplies used in food preparation and service shall be stored in such a manner as to maintain safety and sanitation of the food or supply for human consumption as outlined in the Federal Drug Administration Food Code, state regulations, and city/county health codes. Guidelines 2. Labeling and rotating food supply a. Food products that are opened and not completely used; transferred from its original package to another storage container; or prepared at the facility and stored should be labeled as to its contents and used by dates. b. Rotate food products (dry, refrigerated, or frozen) to ensure the oldest inventory is used first, commonly known as FIFO-First In First Out. 1) Two methods for implementing FIFO: a) A product use by date or delivery date is marked on the product. Employees stock shelves with earliest used by dates or delivery dates in front of products with later dates. Then, products in the front are used first. b) Before shelving new stock, mark all containers currently on the shelf with a FIFO sticker or a color-coded sticker. Employees to pull stickered products forward and stock newer products behind. Then, products with FIFO stickers are used first. This method is acceptable for those operations that use stock quickly. 4. Discard food that exceeds their use-by date or expiration date, is damaged, is spoiled, has the time and temperature danger zone requirements, or incorrectly stored such that it is unsafe, or its safety is uncertain. On [DATE] at 7:01 A.M., during an initial walk through of the facility's kitchen the surveyor observed the following: In the reach in refrigerator: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Five brown squares of cake or brownie type food, unlabeled and undated. -Seven pieces of pumpkin pie, unlabeled and undated. In the walk-in refrigerator: -1 package of sliced cheese. ,d+[DATE] of the cheese was dry and open to air, and undated. -1 package of mozzarella cheese, opened and undated. -1 container of orange slices, dated as opened [DATE] and use by [DATE]. -1 container of chicken soup, dated as opened [DATE] and use by [DATE]. -1 box of tomatoes, 9 tomatoes had black spots and gray fuzz on them. -1 box of mixed greens, wilted and opened to the air. -1 plastic container of red peppers, green peppers, carrots, cucumbers, and a lime. There were three red peppers that had black spots and gray fuzz, a cucumber was mushy and soft, and a green pepper that was mushy and soft. There was a lime that was brown. In a reach in refrigerator in the dry storage room: -1 loaf of raisin bread dated [DATE]. -1 loaf of raisin bread dated [DATE]. -2 loaves of wheat bread, dated [DATE], firm to touch. -6 packages of dinner rolls, without dates. In the dry storage room: -1 container of breadcrumbs, opened and undated. -1 container of flour, opened and undated. -7 different containers of dry cereal opened and undated. During the follow-up kitchen tour on [DATE] the following observations were made: In the walk-in refrigerator: -1 plastic container of red peppers, green peppers, carrots, cucumbers, and three limes. There were three red peppers that had black spots and gray fuzz and there were three brown limes. In the dry storage room: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-1 container of breadcrumbs, opened and undated. -1 container of flour, opened and undated. In a reach in refrigerator in the dry storage room: -1 loaf of raisin bread dated [DATE]. -3 loaves of raisin bread dated [DATE]. -6 packages of dinner rolls, without dates. During an interview of [DATE] at 10:11 A.M., the Food Service Director (FSD) said he knows when the dinner rolls are good, based on when they come in from the delivery even though the dinner rolls are undated. During an interview on [DATE] at 10:13 A.M., the Corporate Food Service Director said expired and outdated foods should be discarded of, and foods without dates should be dated once opened. During an interview on [DATE] at 12:32 P.M., the Administrator said the Food Service Director is responsible for ensuring expired foods are discarded and food items are labeled when opened.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 41105 Based on observation, record review and interview the facility failed to ensure accuracy of the medical record for two Residents (#90 and #88) out of a total sample of 24 residents. Specifically: 1. For Resident #90 nursing documented in the Treatment Administration Record (TAR) that a bed was in the lowest position and that fall mats were in place when they were not; and 2. for Resident #88 the facility failed to accurately document in the Medication Administration Record (MAR) when medications were administered. Findings include: 1. Resident #90 was admitted to the facility in May 2024 and has diagnoses that include dementia without behavioral disturbance and muscle weakness. Review of the most recent Minimum Data Set (MDS) assessment, dated 9/30/24, indicated that Resident #90 was assessed by staff to have severe cognitive impairment. The MDS further indicated Resident #90 required substantial to maximal assist with bed mobility. Review of the most recent Nursing Evaluation, dated 12/23/24, indicated Resident #90 had sustained 1-2 falls within the last six months. Review of the current physician's orders indicated the following order: -Make sure the bed is in the lowest position and floor mats are in place when resident is in bed, start date 8/1/24. Review of the January 2025 TAR indicated the following: -Nursing documented that Resident #90's bed was in the lowest positions with floor mats in place daily on all three shifts. On 1/6/25 at 8:51 A.M., Resident #90 was observed asleep in bed. The bed was at a regular height and there was a fall mat on the left side of the bed, but none on the right side. A second fall mat was not observed in the room. On 1/7/25 at 6:54 A.M., Resident #90 was observed asleep in bed. The bed was in the lowest position, however there was no fall mat on the right side of the bed, only on the left. A second fall mat was not observed in the room. On 1/7/25 at 7:54 A.M., Resident #90 was observed asleep in bed. The bed was in the lowest position, however there was no fall mat on the right side of the bed, and the fall mat on the left side of the bed was now 2-3 feet away from the bed, exposing Resident #90 directly to the floor should he/she fall. A second fall mat was not observed in the room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/7/25 at 9:56 A.M., Resident #90 was observed asleep in bed. The bed was in the lowest position, however there was no fall mat on the right side of the bed, and the fall mat on the left side of the bed remained 2-3 feet away from the bed, exposing Resident #90 directly to the floor should he/she fall. A second fall mat was not observed in the room. On 1/9/25 at 7:25 A.M., Resident #90 was observed asleep in bed. The bed was at a regular height and there was a fall mat on the left side of the bed, but none on the right side. A second fall mat was not observed in the room. On 1/9/25 at 8:13 A.M., Resident #90 was observed asleep in bed. The bed was at a regular height and there was a fall mat on the left side of the bed, but none on the right side. A second fall mat was not observed in the room. During an interview on 1/9/25 at 11:31 A.M., with Resident #90's Certified Nursing Assistant (CNA) #4 she said that she was not aware that Resident #90's bed was supposed to be in the lowest position with fall mats in place. CNA #90 said that she usually gets report at the start of a shift on a resident's care needs but because she was moved to the floor at 10:30 A.M., that morning she had not. During an interview on 1/9/25 at 11:39 A.M., with Resident #90's Nurse #6 she said that it was the expectation that the documentation in the TAR be accurate, therefore if the TAR indicates that the bed was in the lowest position with fall mats in place, that is what she would expect had occurred. During an interview with the Director of Clinical Operations #2 on 1/9/25 at 12:37 P.M., she said that it is her expectation that the TAR be accurate and accurately reflect what has been done. 49880 2. Resident #88 was admitted to the facility in November 2024 with diagnoses that include end stage renal disease and dependence on renal dialysis. Review of Resident #88's most recent Minimum Data Set (MDS) Assessment, dated 11/26/24, indicated a Brief Interview for Mental Status exam score of 15 out of 15, indicating intact cognition. Review of Resident #88's current physician's orders indicated the following medications ordered with administration times of 6:00 A.M.: -Aspirin 81 milligrams (mg) EC (enteric Coated) once daily, dated 11/22/24. -B Complex- Vitamin C capsule once daily, dated 11/21/24. -Clopidogrel Bisulfate Tablet 75 mg once daily for blood clot prevention, dated 11/21/24. -Isosorbide Mononitrate ER (extended release) tablet 60 mg, once daily for blood pressure, dated 11/30/24. -Losartan Potassium 100 mg once daily for blood pressure, dated 11/21/24. -Nifedipine ER 60 mg once daily for hypertension, dated 11/21/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Carvedilol 25 mg, give 1.5 tablets twice daily for hypertension, dated 12/4/24. Review of Resident #88's December 2024 Medication Administration Record (MAR) indicated the following: -6:00 A.M. medications are not signed off as administered on 12/8/24, 12/10/24, 12/16/24, 12/20/24, 12/23/24, 12/28/24, 12/30/35. The MAR and clinical progress notes failed to indicate a reason why the medications were not signed off. Review of the January 2025 MAR indicated the following: -6:00 A.M. medications are not signed off as administered on 1/1/25 and 1/5/25. The MAR and clinical progress notes failed to indicate a reason why the medications were not signed off. During an interview on 1/10/25 at 10:06 A.M., Nurse #8 said that she worked overnight on some of these occasions and the medications were administered. She said she forgot to sign them off because sometimes the Resident likes to wait until he/she has something to eat to take medications with. She said the medical record is inaccurate and should have been signed off as administered. During an interview on 1/10/25 at 10:16 A.M., the Director of Clinical Operations #2 said that she would expect the medical record to be accurate and reflect the medications that are administered to a resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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. 36797 Based on observation, record review and interview the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for two Resident (#16, #88) out of a total sample of 24 residents and on 1 of 3 resident units. Specifically: 1. For Resident #16, the facility failed to implement Enhanced Barrier Precautions (EBP) due to a peripherally inserted central catheter (PICC) line. 2. For Resident #88, the facility failed to implement EBP due to an external dialysis catheter 3. The facility failed to ensure that during meal pass, soiled dishware was not put back in the carts with meals awaiting delivery to residents. Findings Include: Review of facility policy, titled Infection Control Guidelines for Nursing Procedures, dated as revised 7/2024, indicated the following: -Policy: To provide guidelines for general infection control while caring for residents. -Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of multi-drug resistant organisms (MDROs) -EBP is indicated for nursing home residents with any of the following: Indwelling medical devices, including but not limited to i.e., IV (intravenous) feeding tubes, trach, drains/ pleurex, urinary catheter. -PPE (used with EBP) Use of gown and gloves during high- contact resident care activities that may provide opportunities for transmission of MDROs via staff hands and clothing. 1. On 1/7/25 at 8:39 A.M., the surveyor observed a sign on the Resident #16's door indicating that enhanced barrier precautions were in effect for Resident #16. On 1/7/25 at 8:39 A.M., the surveyor observed Nurse #9, administer intravenous (IV) medication to Resident #16. The surveyor observed that Nurse #9 did not wear gown during the high contact procedure. The surveyor observed Nurse #9 leaning over Resident #16, with the front of her clothing touching Resident #16's bed linens. During an interview on 1/7/25 at 8:42 A.M., Nurse #9 said she did not know she was supposed to wear a gown. 49880 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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	2. Resident #88 was admitted to the facility in November 2024 with diagnoses that include end stage renal disease and dependence on renal dialysis. Review of Resident #88's most recent Minimum Data Set (MDS) assessment, dated 11/26/24, indicated a Brief Interview for Mental Status exam score of 15 out of 15, indicating intact cognition. The MDS further indicated that Resident #88 received Hemodialysis. On 1/9/25 at 7:29 A.M., Resident #88 was observed sleeping in bed, no EBP were in place. There was no sign outside the Resident room indicating the need for EBP. Resident #88 was observed to have an external right chest catheter for dialysis access. On 1/9/25 at 11:18 A.M., Resident #88 was observed in his/her room. There was no sign outside of the Resident's room indicating the need for EBP. Resident #88 was observed to have an external right chest catheter for dialysis access. Review of current physician's orders indicated the following order, dated 12/3/24, monitor dialysis access site to right jugular catheter, if bleeding occurs- apply clamp and call 911. Review of Resident #88's care plan indicated an active care plan for an IV (intravenous) access line: potential for infection and or trauma related to catheter direct access to blood. During an interview on 1/9/25 at 11:16 A.M., Nurse #7 said that Resident #88 is not on Enhanced Barrier Precautions, but he/she should be due to the external dialysis catheter. During an interview on 1/9/25 at 11:19 A.M., Nurse #4 said that Resident #88 was admitted with the external dialysis catheter in place. She said that Resident #88 should be on Enhanced Barrier Precautions, but he/she is not. During an interview on 1/9/25 at 12:37 A.M., the Director of Clinical Operations said that a Resident with a right chest catheter should be placed on Enhanced Barrier Precautions because the external catheter placed them at increased risk for infection. 3. Review of facility policy titled Resident Meal Service and Dining, dated as revised 7/24, indicated the following: -6. Soiled dishware is not put on carts that have meals awaiting delivery to residents. During an observation on the third-floor unit on 1/9/25 at 8:56 A.M., third floor unit staff were observed returning soiled resident meal trays into the cart with trays awaiting delivery to residents. A nurse was then observed removing trays from the truck that had not been passed yet and bringing it into a resident and assisting the resident with the meal. During an interview on 1/9/25 at 12:34 P.M., Director of Clinical Operations #2 that staff should not be placing soiled trays back into the cart with clean ready to pass trays, and this is an infection control concern.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. 44095 Based on observation, record review and interview, the facility failed identify and minimize areas of possible entrapment in resident beds. Specifically for Resident #74, out of a total of 24 sampled residents, the facility failed to conduct routine inspections on his/her bed frame and mattress to identify possible areas of entrapment. The facility failed also failed to conduct routine inspections of all bed frames and mattresses to identify possible areas of entrapment for 94 resident beds. Findings include: Review of the Food and Drug Administration (FDA) Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, dated 3/10/2006, indicated: The term entrapment describes an event in which a resident is caught, trapped, or entangled in the space in or about the bed rail, mattress, or hospital bed frame. Resident entrapments may result in deaths and serious injuries. There are 7 zones of bed entrapment: Zone 1 (within the rail), Zone 2 (under the rail), Zone 3 (between rail and mattress), Zone 4 (Under the rail, at the ends of the rail), Zone 5 (between split bed rails), Zone 6 (between the end of the rail and the side edge of the head or foot board) and Zone 7 (Between the head or foot board and the mattress end). Review of guidance from the FDA titled Recommendations for Health Care Providers about Bed Rails, dated 07/09/2018, included: -Inspect and regularly check the mattress and bed rails to make sure they are still installed correctly and for areas of possible entrapment and falls. Regardless of mattress width, length, and/or depth, the bed frame, bed side rail, and mattress should leave no gap wide enough to entrap a patient's head or body. -Inspect, evaluate, maintain, and upgrade equipment (beds/mattresses/bed rails) to identify and remove potential fall and entrapment hazards. Resident #74 was admitted to the facility in January 2023 with diagnoses including traumatic brain injury, history of falling, and muscle weakness. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/18/24, indicated that Resident #74 was rarely/ never understood. The MDS indicated Resident #74 was dependent on staff for activities of daily living. On 1/6/25 at 7:36 A.M., 1/7/25 at 6:39 A.M., 1/9/25 at 6:44 A.M., the surveyor observed Resident #74 in his/her bed, the bilateral side rails were in the middle of the bed. There were 31 inches from the headboard to the top of the side rail, the side rail measured 25 inches in length, and there was 27 inches between the bottom of the side rail and the foot of the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225324	A. Building B. Wing	01/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Newton Healthcare	25 Armory Street West Newton, MA 02465

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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 1/9/25 at 10:45 A.M., the surveyor requested from the Maintenance Director any evidence to support the facility conducted regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify areas of possible entrapment for Resident #74's bed. The Maintenance Director provided the surveyor with 20 entrapment assessments which did not include the Resident who was assessed in the bed that had been completed within the last year, the assessments did not address zone seven and there was no assessment for Resident #74's bed. On 1/9/25 at 10:58 A.M., the surveyor observed the Maintenance Director measure Resident #74's side rails. There was 31 inches from the headboard to the top of the side rail, the side rail measured 25 inches, and there was 27 inches between the bottom of the side rail and the foot of the bed. The Maintenance Director said that this mattress and bedrails would automatically pass the entrapment assessment because of the large gaps between the top of the bed and the side rails and the bottom of the bed and side rail. He said nobody's head could get stuck in a gap that big. The Maintenance Director said he wouldn't even conduct an assessment on this bed because of the large gaps. On 1/9/25 at 11:07 A.M., the surveyor and the Director of Clinical Operations #2 observed Resident #74 in bed. The DCO #2 said that entrapment assessments need to be completed annually and when there is a change in the device on all residents. During an interview on 1/9/25 at 12:33 P.M., the Administrator said there were no policy or protocols in place to periodically ensure beds are assessed for entrapment. The Administrator said there was a current census of 94 and the Maintenance Director would need to evaluate all beds for entrapment. During a follow up interview on 1/9/25 at 1:03 P.M., the Maintenance Director said he was not aware they were supposed to measure all the beds including the headboard (zone 7), footboard (zone 7), and even beds without side rails.