STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225337	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cape Heritage Rehabilitation & Health Care Center	37 Route 6a Sandwich, MA 02563

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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on records reviewed, interviews and observations, for one of three sampled residents (Resident #1) who during his/her admission assessments informed staff that his/her dietary preference was skim milk, the Facility failed to ensure that he/she received his/her drink of preference as identified on his/her care plan and nutritional assessment.Findings include:Review of the Facility Policy titled Resident Rights, dated as revised January 2001, indicated that each resident has the right to be fully informed in advance of their care or treatment, to be fully informed in advance of any changes in their care or treatment and to participate in planning their health care and treatment.The Policy further indicated that each resident has the right to reside and receive services with reasonable accommodation of their needs and preferences.Resident #1 was admitted to the Facility in February 2026, diagnoses included but not limited to fracture of the right and left pelvis, major depressive disorder, cerebral infarction, generalized anxiety disorder, hypothyroidism, gastro-esophageal reflux disease (GERD), hypertension and hyperlipidemia.Review of Resident #1's admission Minimum Data Set (MDS) Assessment, dated 03/24/26, indicated he/she was alert, oriented, was his/her own decision maker, and had scored a 15/15 on his/her Brief Interview for Mental Status (BIMS) Assessment (0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired cognition, and 12-15 suggests a resident is cognitively intact).During a telephone interview on 06/29/26 at 12:25 P.M., Resident #1 said that while he/she was a resident at the facility, he/she spoke with the dietician multiple times about his/her preference for skim milk and never received skim milk. Resident #1 said that when he/she asked facility staff for skim milk, staff informed him/her that the facility does not have skim milk and only had low-fat milk.Review of Resident #1's Nutrition Evaluation, dated 3/02/26, indicated that he/she was prescribed a low-fat low sodium diet, understood the therapeutic diet, that preferences were obtained and that he/she drinks skim milk.Review of Resident #1's Therapeutic Diet Care Plan, dated 3/02/26, indicated that he/she was at potential risk for nutritional decline and interventions included: provide meals per physician's diet order - low fat low sodium and preferences included skim milk only.During a telephone interview on 7/02/26 at 10:07 A.M., the Dietician said that Resident #1 preferred skim milk according to his/her care plan and nutritional assessment. The Dietician said that she believed the facility had skim milk. The Dietician said that low fat milk and skim milk are not exactly the same and if Resident #1 preferred skim milk then he/she should have received it while she/she was a resident at the facility.Review of Dietary Department Services related to food orders and deliveries, specific to Milk Invoices, dated 02/25/26 and 03/03/26, indicated that whole milk and 1% milk was delivered to the facility.Further review of the Invoice indicated that skim milk was not included in either delivery order.During an onsite observation on 6/29/26 at 1:50 P.M., the Surveyor toured the Kitchen and observed 1% low-fat milk and whole milk in the refrigerator. There was no skim milk observed in the Kitchen refrigerator. During an interview on 6/29/26 at 2:00 P.M., the Food Service Director (FSD) said that the facility orders milk once a week from the supplier. The FSD said that the facility has whole milk and 1% low-fat milk. The FSD said that he thought that 1% low-milk and skim milk were the same thing.During an interview on 6/29/26 at 3:30 P.M., the Administrator said that she thought that (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
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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the facility had skim milk available. The Administrator said that if the milk invoices indicated that skim milk was not ordered or delivered, then the facility did not have skim milk because the facility did not order Milk products from any other supplier. The Administrator said that if Resident #1 notified facility staff that he/she wanted skim milk, then the facility should have ordered skim milk and said that her expectation was that Resident #1 receive his/her preference of skim milk.