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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225343 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>11/17/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Norwood Healthcare |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>460 Washington Street<br>Norwood, MA 02062 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on record reviews and interviews for one of three sampled residents (Resident #1), who had a Physician's Order for weekly weights times four (4) weeks, the Facility failed to ensure nursing provided care and services that met professional standards of quality, when his/her weights were not obtained per his/her Physician Order. Findings include: Review of the Facility Policy titled Weight Measurement, dated as last revised 04/2019, indicated each resident's weight will be obtained on admission and then weekly times four (4) weeks, subsequent weights will be monthly, unless physician's orders warrant more frequent. The Policy also indicated that the Registered Dietician will be the responsible for determining the desirable body weight range and will be documented on the initial medical nutrition therapy (MNT) assessment and reassessment. Review of the Facility Policy titled Medication and Treatment Orders, dated as last revised, 09/2024, indicated all orders for medication and treatments will be consistent with regulatory standards. The Policy further indicated medications and treatments shall be administered upon the written order of a person licensed and authorized. Resident #1 was admitted to the Facility in June 2025 diagnoses include an acute Cerebral Vascular Accident (CVA), Aphasia (language disorder that affects the ability to communicate), Heart Failure, Subarachnoid Hemorrhage (brain bleed), and Myocardial Infarction (MI). Review of Resident #1's Nutrition admission Assessment (written by the Registered Dietician (RD), dated 07/01/25, indicated that his/her sodium (Na) was 146 which was high (normal range 133-145), and staff were to encourage fluids especially since Resident #1 was taking diuretics (medication that increases urine output by the excretion of fluids and electrolytes from the body). The Assessment also indicated that the RD recommended that nursing was to obtain Resident #1's weight weekly times four (4) weeks. Review of Resident #1's Physician's Order, dated 07/01/25, indicated that nursing was to obtain his/her weight weekly times 4 weeks. Review of Resident #1's Treatment Administration Record (TAR), dated 07/01/25 through 07/18/25, indicated on 07/02/25 nursing staff obtained and documented that Resident #1 weighed 176 pounds. Review of Resident #1's Medical Record, including but not limited to nutrition notes, TAR, progress notes, care plans and physician notes, indicated that there was no documentation to support nursing obtained Resident #1's weights (due 07/09/25 and 07/16/25) as ordered by his/her physician. During a telephone interview on 10/01/25 at 1:37 P.M., the Registered Dietician (RD) said that she recommended that nursing monitor Resident #1's weight's weekly times 4 weeks due to Resident #1's high sodium level, poor oral intake, and because he/she was being administered 2 diuretics daily. The RD said she was not aware that nursing had not obtained weekly weights after obtaining the physician's order. During an interview on 09/30/25 at 3:33 P. M., the Evening Supervisor said that he could not locate Resident #1's weekly weights (due 07/09/25 and 07/16/25) and was unaware that nursing staff had not obtained Resident #1's weight as ordered. During an interview on 09/30/25 at 4:13 P.M., the Director of Nurses (DON) said that he was unaware that Resident #1 had a physician's order to obtain weekly weights times 4 weeks and said he could not locate any weights other than the weight obtained on 07/02/25. The DON said that it is the Facility's expectation that all nurses follow through with all physician's orders and if unable to do so, the nurse is to inform the DON and the Provider for additional guidance.</p> |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE                                   | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID:<br><br>Facility ID:<br>225343 | If continuation sheet<br>Page 1 of 1 |