STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225356	A. Building B. Wing	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Randolph	49 Thomas Patten Drive Randolph, MA 02368

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. 37183 Based on records reviewed and interviews for one of three sampled residents (Resident #1) who had a diagnosis of diabetes mellitus and received two oral hypoglycemic medications daily, the Facility failed to ensure nursing developed and implemented an individualized comprehensive care plan with interventions, treatment goals and outcomes that addressed Resident #1's risk for hyper/hypoglycemia (high/low blood sugar). Findings include: Review of the Facility's policy titled, Care Plans Comprehensive Person-Centered, dated as revised December 2106, indicated the following: -A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident; -The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment; -the comprehensive person-centered care plan will incorporate identified problem areas, risk factors associated with identified problems, aid in preventing or reducing decline in the resident's functional status and reflect currently recognized standards of practice for problem areas and conditions; -Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. Review of the Facility Policy titled, Diabetes - Clinical Protocol, dated as revised December 2020, indicated that the physician will help identify individuals with confirmed diabetes and order desired parameters for monitoring and reporting information related to blood sugar management. The Policy further indicated that the staff will incorporate such parameters into the care plan. Resident #1 was admitted to the Facility in January 2023, diagnoses included Alzheimer's disease, type 2 diabetes mellitus, transient ischemic attack and cerebral infarction, chronic kidney disease, COVID -19, anxiety and traumatic subdural hemorrhage without loss of consciousness. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Physician's Orders, dated 01/20/23 through 08/06/24, indicated he/she had an order for pioglitazone hcl (Actos, anti-diabetic medication, used to treat high blood sugar) oral tablet 30 milligrams (mg) by mouth once daily for diabetes. Review of Resident #1's Physician's Orders, dated 04/24/24 through 08/06/24, indicate he/she had an order for tradjenta (Linagliptin, anti-diabetic medication, oral medication that helps control blood sugar) oral tablet 5 mg by mouth once daily for diabetes. Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 07/16/24, indicated that he she was severely cognitively impaired. Review of Resident #1's Care Plan related to malnutrition and type 2 diabetes mellitus, reviewed and renewed with Quarterly MDS completed 07/16/24, indicated there was no documentation to support that an individualized comprehensive care plan with interventions, treatment goals and outcomes related to his/her diabetes, including for nursing to administer oral hypoglycemic medications and to monitor him/her for signs and symptoms of hyper/hypoglycemia, had been developed and implemented. During an in-person interview on 12/04/24 at 12:45 P.M. and a subsequent telephone interview on 12/05/24 at 3:21 P.M., the Director of Nurses (DON) said that it was her expectation that Resident #1 (who received oral medications daily for the treatment of his/her diabetes) should have had a more in depth care plan related to his/her diagnosis of diabetes that included for nursing to monitor for signs and symptoms of hyper/hypoglycemia, but did not.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 37183 Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had a diagnosis of diabetes mellitus and received two oral hypoglycemic medications daily, the Facility failed to ensure nursing staff provided care and services that met professional standards of quality related to monitoring and assessment of Resident #1 for signs and symptoms of hyper/hypoglycemia (high/low blood sugar). Findings include: Standard Reference: Standard of Practice Reference: Pursuant to Massachusetts General Law (M.G.L), chapter 112, individuals are given the designation of registered nurse and practical nurse which includes the responsibility to provide nursing care. Pursuant to the Code of Massachusetts Regulation (CMR) 244, Rules and Regulations 3.02 and 3.04 define the responsibilities and functions of a registered nurse and practical nurse respectively. The regulations stipulate that both the registered nurse and practical nurse bear full responsibility for systematically assessing health status and recording the related health data. They also stipulate that both the registered and practical nurse incorporated into the plan of care and implement prescribed medical regimens. The rules and regulations 9.03 defined standards of Conduct for Nurses where it is stipulated that a nurse licensed by the Board shall engage in the practice of nursing in accordance with accepted standards of practice. Review of the Facility Policy titled, Diabetes - Clinical Protocol, dated as revised December 2020, indicated the following: -for residents with confirmed diabetes, the nurse shall assess and document and report the following during the initial assessment: dose and time of most recent anti-hyperglycemic given, any signs or symptoms of infection, or other acute illnesses, recent change in intake/thirst, resident's blood sugar history over 48 hours, usual patterns of blood sugar over recent months, onset, duration of any changes and recent labs. -staff will identify significant comorbidities that may influence the approach to diabetes as well as complications or risk of complications that may be related to diabetes; -staff will summarize factors that are contributing to the resident's diabetes and will assess the impact of diabetes on the resident's function and quality of life; -based on assessment, the physician will order appropriate interventions which may include oral hypoglycemia agents; -the physician will order appropriate lab tests and adjust treatments based on these results; -examples of blood glucose monitoring might include: residents receiving oral medications who are well controlled - monitor blood glucose levels at least twice weekly and A1C (glycated hemoglobin - a blood test that measures the average amount of glucose in your blood over the past three months) every three to six months; for resident's receiving oral medications who are poorly controlled - monitor blood glucose levels twice to four times daily as needed and A1C every three months; (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-the physician will order desired parameters for monitoring and reporting information related to blood sugar management; -staff will incorporate such parameters into the Medication Administration Record and Care Plan; -staff will identify and report issues that may affect a patient's diabetes management such as increased thirst, hypoglycemia, foot infections, skin ulcerations; -staff will manage hypoglycemia appropriately; -the Interdisciplinary Team will monitor the resident for conditions that are frequently associated with diabetes. Review of the EVENCARE G3 Blood Glucose Meter Operators Manual, undated, indicated that a glucose test result that reads HI indicates that the glucose test result is higher than 600 milligrams per deciliter (mg/dl). Resident #1 was admitted to the Facility in January 2023, diagnoses included Alzheimer's disease, type 2 diabetes mellitus, transient ischemic attack and cerebral infarction, chronic kidney disease, COVID -19, anxiety and traumatic subdural hemorrhage without loss of consciousness. Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 07/16/24, indicated that he/she was severely cognitively impaired. Review of Resident #1's Physician's Orders, dated 01/20/23 through 08/06/24, indicated he/she had an order for pioglitazone hcl (Actos, anti-diabetic medication, used to treat high blood sugar) oral tablet 30 milligrams (mg) by mouth once daily for diabetes. Review of WebMD article, titled Pioglitaxone hcl side effects/warnings/precautions, dated 07/11/24, indicated to monitor for symptoms of hypoglycemia which included: headache, crankiness, anxiety, hunger, dizziness or confusion, blurry vision, slurred speech, sweating, feeling jittery or shaky, fast heartbeat and seizures. Review of Resident #1's Physician's Orders, dated 04/24/24 through 08/06/24, indicate he/she had an order for tradjenta (Linagliptin, anti-diabetic medication, oral medication that helps control blood sugar) oral tablet 5 mg by mouth once daily for diabetes. Review of WebMD article, titled Tradjenta side effects/warnings/precautions, dated 06/20/24, indicated to monitor for symptoms of hypoglycemia which included: headache, crankiness, anxiety, hunger, dizziness or confusion, blurry vision, slurred speech, sweating, feeling jittery or shaky, fast heartbeat and seizures. Review of WebMD article, titled Hyperglycemia signs and symptoms, dated 11/08/23, indicated that thirst, headaches, trouble concentrating, blurred vision, frequent peeing, fatigue, weakness, weight loss and blood sugar more than 180 mg/dl are signs of hyperglycemia. Review of a Nurse Progress Note, dated 08/05/24 at 2:12 P.M., (written by Nurse #6), indicated that Resident #1 was resistive to care, had a poor appetite and oral fluids were encouraged. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 12/12/24 at 1:21 P.M., Nurse #6 said she took care of Resident #1 on 08/05/24 and said he/she was a diabetic who received two oral hypoglycemic medications daily. Nurse #6 said that Resident #1 was resistive to care and did not eat much for breakfast or lunch that day. Nurse #6 said she did not obtain a fingerstick blood glucose level because Resident #1 did not have any physician's orders to obtain a fingerstick blood glucose. Nurse #6 said that Resident #1 did not have an order to monitor him/her for hypo/hyperglycemia, but should have because he/she received oral medications for diabetes. Nurse #6 said she could not explain why he/she did not have any physician's orders to monitor him/her or to obtain a fingerstick blood glucose PRN (as needed). Review of a Nurse Progress Note, dated 08/05/24 at 7:59 P.M., (written by Nurse #1), indicated that Resident #1 stayed in bed most of shift, had a poor appetite for meals and tolerated fluids well. The Note indicated that the Nurse Practitioner (NP) was notified and ordered labs CBC (complete blood test that measures white blood cells, red blood cells, hemoglobin and platelets) and BMP (Basic Metabolic Panel - blood test measuring the levels of 8 different substances in the blood, including glucose) in the morning. During an interview on 12/03/24 at 3:00 P.M., Nurse #1 said that she took care of Resident #1 on 08/05/24 and said he/she was a diabetic who received two oral hypoglycemic medications daily. Nurse #1 said that Resident #1 was weak and had a poor appetite that day so she notified the NP, who ordered a CBC and BMP for the next day. Nurse #1 said that she did not obtain a fingerstick blood glucose level because Resident #1 did not have any physician's orders to obtain a fingerstick blood glucose. Nurse #6 said that Resident #1 did not have an order to monitor him/her for hypo/hyperglycemia, but should have because he/she received oral medications for diabetes. Nurse #1 said she could not explain why he/she did not have any physician's orders to monitor him/her or to obtain a fingerstick blood glucose PRN (as needed). Review of a Nurse Progress Note, dated 08/06/24 at 6:30 A.M., (written by Nurse #6), indicated that Resident #1 appeared to be weak, required help for feeding and had lab work, CBC and BMP done this morning. During a telephone interview on 12/12/24 at 1:21 P.M., Nurse #6 said that she took care of Resident #1 on 08/06/24, and that Resident #1 was weak and could not even feed himself that morning. Nurse #6 said she did not obtain a fingerstick blood glucose level on 08/06/24, because Resident #1 did not have any physician's orders to obtain a fingerstick blood glucose. Review of a Nurse Progress Note, dated 08/06/24 at 12:50 P.M., (written by Nurse #2), indicated that Resident #1 presented with a change in condition related to not eating or drinking, his/her blood glucose level read HI, he/she had decreased level of consciousness, physician was notified and Resident #1 was transferred to the hospital for evaluation. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/03/24 at 3:30 P.M., Nurse #2 said that she took care of Resident #1 on 08/06/24 and said he/she was a diabetic who received oral hypoglycemic medications daily. Nurse #2 said that Resident #1 was lethargic, not him/herself, not very responsive and she obtained a fingerstick blood glucose level which read HI. Nurse #2 said she notified Unit Manager #2, the NP and Resident #1 was transferred to the hospital for evaluation. During an interview on 12/04/24 at 10:40 A.M., Unit Manager #2 said that Resident #1 was a diabetic who received oral hypoglycemic medications daily. Unit Manager #2 said that residents who are diabetic and receive insulin have physician orders to monitor for hypo/hyperglycemia and to check a fingerstick blood glucose PRN. Unit Manager #2 said that for residents who receive oral hypoglycemic medications, nursing judgement is used or nurses follow specific physicians orders. Review of Resident #1's lab results, dated 08/06/24, indicated that his/her blood glucose level was critically high at 852 mg/dl (normal range 74 mg/dl - 109 mg/dl). Review of Resident #1's Medical Record indicated there was no documentation to support that nursing monitored Resident #1 for any signs or symptoms of hypo/hyperglycemia or any potential side effects of being administered pioglitazone hcl and tradjenta daily. During an in-person interview on 12/04/24 at 12:45 P.M. and a subsequent telephone interview on 12/05/24 at 1:46 P.M., the Director of Nurses (DON) said that Resident #1 had a diagnosis of type 2 diabetes and received oral hypoglycemic medications daily. The DON said that the facility follows the physician's orders for diabetic residents. The DON could not explain why Resident #1 did not have any orders for nursing to monitor him/her for signs and symptoms of hypo/hyperglycemia. During a telephone interview on 12/05/24 at 4:26 P.M., the Physician said that it was his expectation that nursing monitor diabetic residents for signs and symptoms of hypo/hyperglycemia, obtain a blood glucose fingerstick if the resident is symptomatic and to notify the practitioner of any changes in resident condition. During a telephone interview on 12/09/24 at 9:48 A.M., the Medical Director said that it was his expectation that nursing monitor diabetic residents for signs and symptoms of hypo/hyperglycemia, obtain a blood glucose fingerstick if the resident is symptomatic and to notify the practitioner of any changes in resident condition.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37183 Based on records reviewed, interviews and for two of three unit kitchenettes, the facility failed to ensure they maintained a pest free environment, when live and dead cockroaches were observed during an environmental tour on the units. Findings include: Review of the Facility's Policy, titled Pest Control, dated as revised May 2008, indicated the Facility maintains an on-going pest control program to ensure the building is kept free of insects and rodents. Review of the Pest Control Site Inspection Report, dated 11/01/24, indicated that there were cockroaches: -on monitors (location not specified); -behind the freezer (location not specified); -by the cart storage area (location not specified). Review of the Pest Control Invoice, dated 11/26/24, indicated that the following were treated for cockroaches: -room [ROOM NUMBER] on the Two [NAME] Unit; -room [ROOM NUMBER] on the Two East Unit; -the Activities Office; -room [ROOM NUMBER] on the Three [NAME] Unit had cockroaches on the monitors and in the bathroom. Review of the Pest Control Invoice, dated 12/03/24, indicated that the following were treated for cockroaches: -room [ROOM NUMBER] on the Two [NAME] Unit; -room [ROOM NUMBER] on the Three East Unit; -rooms [ROOM NUMBERS] on the Three [NAME] Unit; -the Three [NAME] and Two East Nurses Station. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 12/03/24 at 11:13 A.M., Family Member #1 said that she saw cockroaches in Resident #1's room and was told by the nurses that the Facility had an infestation of cockroaches. Family Member #1 said that when she went to pick up Resident #1's belongings, she saw 15 cockroaches in his/her drawers and closet and said she had to throw away all of his/her belongings due to the infestation of cockroaches. During interviews on 12/03/24 and 12/04/24 between 8:30 A.M. and 3:55 P.M., the Director of Rehabilitation, Food Service Director, Activity Assistant #1, Certified Nurse Aide (CNA) #1, CNA #5, CNA #6, Nurse #1, and Nurse #2, all stated that they have seen cockroaches crawling on the floors, walls, countertops at the nurses station, resident rooms and resident bathrooms. The staff members all said that they record their sightings in the maintenance log located at each nurse's station and at each department head office. During an interview on 12/04/24 at 11:34 A.M., the Director of Maintenance said he has been working at the facility for five months. The Director of Maintenance said that there has been a cockroach issue since he started. The Director of Maintenance said that he has seen cockroaches in resident bathrooms, the corners of resident rooms, on the walls and in the unit kitchenettes. The Director of Maintenance said that the facility has a pest control company that comes in twice a week and that the facility is doing the best that it can, but cockroaches continue to be present. During an environmental tour on 12/03/24 at 2:16 P.M., on the Three East Unit, accompanied by Nurse #3, the Surveyor observed one live cockroach crawling on the floor of the unit kitchenette and one live cockroach crawling on the refrigerator door of the unit kitchenette. During an interview on 12/03/24 at 2:16 P.M., Nurse #3 said she also observed the two live cockroaches crawling on the Three East Unit's kitchenette. Nurse #3 said that the facility has issues with cockroaches and said that she would notify Maintenance and the Director of Nurses (DON) of her observations. During an environmental tour on 12/04/24 at 9:00 A.M., on the Two [NAME] Unit accompanied by Unit Manager #1, the Surveyor observed a dead cockroach on the countertop of the unit kitchenette behind a tray with crackers, creamers and sugar packets. During an interview on 12/04/24 at 9:00 A.M., Unit Manager #1 said she also observed the dead cockroach on the countertop of the Two [NAME] Unit kitchenette. Unit Manager #1 said that the facility has issues with cockroaches and said she would notify Maintenance and the DON of her observations. During an environmental tour on 12/04/24 at 9:15 A.M., on the Three East Unit accompanied by the Assistant Administrator, the Surveyor observed a dead cockroach on the floor of the unit kitchenette between a base cabinet and the refrigerator. During an interview on 12/04/24 at 9:15 A.M., the Assistant Administrator said he also observed the dead cockroach on the floor of the Three East kitchenette. The Assistant Administrator said that the facility has had a pest control issue with cockroaches for approximately one year. The Assistant Administrator said that the facility has recently changed pest control companies, has increased the frequency of treatments in the facility to two times a week and is doing the best that they can with the pest control issue, but they continue to be present.