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	08/15/2024

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 50740 Based on observation, interview, and record review, the facility staff failed to honor a choice of smoking for two Residents (#424 and #425), out of a total sample of 25 residents. Findings include: Review of the facility's policy titled Smoking Policy; Residents, revised 10/25/22, indicated but was not limited to the following: -Prior to, and upon admission, residents are informed of the Center's smoking policies including the location of designated outdoor smoking area(s) if any, and the extent to which the Center can accommodate their smoking or non-smoking preferences. -If the Center permits outdoor smoking in designated areas and time, then residents who express a desire to smoke are evaluated to determine their ability to make informed decisions regarding smoking, accepting liability for any smoking-related harm(s) and follow safety protocols, with or without supervision. -Matches, lighters, electronic cigarettes, and vaping devices are not stored in resident rooms regardless of a resident's level of cognition. The purpose of this policy is to: -Ensure that residents who choose to smoke, despite warnings to the contrary, are as safe as possible when doing so, and other residents, visitors and staff are not exposed to secondhand smoke, including secondhand smoke/vapor from electronic cigarettes. 2.1 Complete the smoking evaluation for residents who express a desire to continue smoking upon admission, despite being aware of risks associated with smoking. The evaluation is updated quarterly, and with each significant change in condition. The evaluation includes: 2.1.4. Ability to make informed decisions regarding accepting risks associated with smoking and ability to follow safety protocols (including handling lit cigarettes or vaping device/e-cigarette) with or without supervision. (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
	225356	A. Building B. Wing	08/15/2024

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2.4.2. Residents deemed independent with smoking may retain cigarettes or vaping devices but do not retain lighters, matches or other sources of ignition. 2.6. Develop a plan of care that addresses smoking with input from the interdisciplinary team. Review of the facility's policy titled Notice of Resident Rights and Responsibilities, revised March 2017, indicated but was not limited to the following: -Our facility shall inform the resident both orally and in writing of his or her rights as a resident, and the rules and regulations governing the resident's conduct and responsibilities during his or her stay in the facility. 1. Resident #424 was admitted to the facility in August 2024 with diagnoses including type 2 diabetes mellitus (DM) with hyperglycemia and sarcoidosis of the lung (an inflammatory condition which can cause shortness of breath, cough, and permanent lung damage), and tobacco use. Review of the medical record indicated the Minimum Data Set (MDS) Assessment was still in progress. Review of the list of residents who smoke provided by the facility included Resident #424 as a current smoker in the facility. Review of Resident #424's medical record included a document signed by the Resident titled Smoking Information. The document indicated that the facility had designated areas for smoking and that the smoking policy is as follows: -Smoking times are 10:00 A.M. and 4:00 P.M. -Cigarettes, lighters and matches cannot be held by a resident. The nursing staff will collect all smoking materials. Also, please note that residents are not to share, lend, borrow, give, sell, or provide any smoking material to other residents as it could jeopardize their safety. Review of Resident #424's medical record included a document signed by the Resident titled Smoking Rules. The document included, but was not limited to, the following information: -All residents who choose to smoke, despite warnings of the health and environmental risks, do so at their own risk. -Prior to being permitted to smoke, a Smoking Evaluation will be conducted by the nurse or designated member of your health care team. a. This evaluation will determine your ability to accept responsibility for the harms caused by smoking, your ability to follow safety protocols, the extent to which supervision is needed, and whether any protective devices (such as a smoking apron) must be used while smoking. b. Your ability to smoke and level of independence will be re-evaluated regularly and will be part of your plan of care. We will review your plan of care with you regularly and document the review in the medical record. (continued on next page)

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	08/15/2024

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Smoking is permitted only in the designated smoking area(s) and only at designated times. Review of Resident #424's Safe Smoking Evaluation, dated 8/6/24, indicated that Resident #424 was determined to be an independent smoker requiring no supervision to smoke. Review of Resident #424's Progress Notes indicated that a Safe Smoking Evaluation was completed for the Resident on 8/6/24 and that based on the evaluation, the Resident was an independent smoker requiring no supervision to smoke. Review of Resident #424's Care Plan included, but was not limited to: Focus: Safe Smoking Goals: -Will adhere to facility smoking policy during stay -Will have no adverse events related to smoking during stay Interventions: -Educate family and visitors not to leave smoking materials in patient's room -Educate to interventions and center smoking policy and procedures -Offer/encourage smoking cessation -Secure smoking materials at nursing station -Supervised smoking at designated times During an interview on 8/12/24 at 12:01 P.M., Resident #424 said he/she had been at the facility for almost a week and had not gone out to smoke yet. Resident #424 said that at home, he/she smoked approximately 6 cigarettes per day and that his/her family member had brought two packs of cigarettes to the facility for him/her to smoke while he/she was there. Resident #424 said he/she was told by an Activities staff member that he/she had to wait by the elevator at the smoking times but he/she uses a walker and is unable to get there without help. The Resident said that he/she would like to go out to smoke but had not been offered to go out to smoke since he/she had arrived at the facility. During an interview on 8/13/24 at 8:57 A.M., Resident #424 said that he/she is an active smoker and wants to smoke. The Resident said he/she was not assessed by anyone for smoking when he/she was admitted but did sign a form saying he/she wanted to smoke at 10:00 A.M. and 4:00 P.M. The Resident said he/she had not been out to smoke at all since he/she was admitted although he/she had been asking to go. Resident #424 said that the aides and nurses tell him/her no when he/she asks to smoke. Resident #424 said his/her roommate (Resident #425) arrived at the facility before him/her and had not been outside to smoke either. (continued on next page)

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	08/15/2024

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/13/24 at 9:50 A.M. until 10:10 A.M. the surveyor stood outside of the Resident's room and no staff member went in to the Resident's room to ask him/her if he/she wanted to smoke. During an interview on 8/13/24 at 10:08 A.M., the Assistant Director of Nursing said that residents who desire to smoke while at the facility sign the smoking consent forms on admission and an assessment for smoking is completed in the electronic medical record to make sure the resident is physically and cognitively safe to smoke. During an interview on 8/14/24 at 9:44 A.M., Resident #424 said he had spoken with the Director of Nursing (DON) about being able to go out to smoke. The Resident said he/she had been told he/she would be able to smoke at 10:00 A.M. and was looking forward to it. On 8/14/24 at 10:15 A.M., Resident #424 was observed in the elevator with a staff member. The Resident said they gave me the biggest runaround but that he/she told the staff he/she had signed the paperwork and wanted to smoke and they agreed to assist him/her to the smoking area. During an interview on 8/15/24 at 12:43 P.M., the DON said she would not have brought Resident #424 out to smoke last week due to his/her medical condition, but that he/she looked ten times better at that time. During an interview on 8/15/24 at 12:43 P.M., the Corporate Clinical Services Coordinator said it was the Resident's right to smoke and someone should have offered for him/her to go out and smoke. 48695 Resident #425 was admitted to the facility August 2024 with diagnoses of hypertension and psoriatic arthritis mutilans (inflammation in the joints of the hands and feet, leading to deformities and movement problems). Review of the medical record indicated the Minimum Data Set (MDS) Assessment was still in progress. Review of the list of residents who smoke provided by the facility included Resident #425 as a current smoker in the facility. Review of Resident #425's Resident Evaluation Form, dated 8/6/24, indicated but was not limited to: - Resident #425 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 9 out of 15. Reviewed of Resident #425's medical record failed to indicate his/her Health Care Proxy was activated. Review of Resident #425's medical record included a document signed by the Resident titled Smoking Information. The document indicated that the facility had designated areas for smoking and that the smoking policy is as follows: -Smoking times are 10:00 A.M. and 4:00 P.M. (continued on next page)

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	08/15/2024

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Cigarettes, lighters and matches cannot be held by a resident. The nursing staff will collect all smoking materials. Also, please note that residents are not to share, lend, borrow, give, sell, or provide any smoking material to other residents as it could jeopardize their safety. Review of Resident #425's medical record included a document signed by the Resident titled Smoking Rules. The document included, but was not limited to, the following information: -All residents who choose to smoke, despite warnings of the health and environmental risks, do so at their own risk. -Prior to being permitted to smoke, a Smoking Evaluation will be conducted by the nurse or designated member of your health care team. a. This evaluation will determine your ability to accept responsibility for the harms caused by smoking, your ability to follow safety protocols, the extent to which supervision is needed, and whether any protective devices (such as a smoking apron) must be used while smoking. b. Your ability to smoke and level of independence will be re-evaluated regularly and will be part of your plan of care. We will review your plan of care with you regularly and document the review in the medical record. -Smoking is permitted only in the designated smoking area(s) and only at designated times. Further review of Resident #425's medical record indicated a Safe Smoking Evaluation had been completed on 8/6/24 and determined Resident #425 was an: - Independent Smoker: Capable and independent; requires no supervision to smoke. During an interview on 8/12/24 at 11:57 A.M., Resident #425 said he/she smoked half a pack of cigarettes a day when he/she was at home. Resident #425 said he/she came into the Facility with a pack of cigarettes and a lighter. Resident #425 said when he/she was admitted to the Facility the nurse took his/her cigarettes and lighter. Resident #425 said he/she had asked to go out to smoke but no one had taken him/her to go out to smoke. During an interview on 8/12/24 at 12:01 A.M., Resident #424 said Resident #425 would wait for someone to come and get him/her to go smoke, but no one would come and offer. During an interview on 8/12/24 at 11:20 A.M., Nurse #3 said she was not aware Resident #425 was a smoker. Nurse #3 said someone from activities would take out residents who smoke at 10 A.M. and 4 P.M. During an interview on 8/12/24 at 4:10 P.M., Activity Assistant #1 said smoking times were at 10 A.M. and 4 P.M. Activity Assistant #1 said he would go to the Resident's rooms and get them to take them out to smoke. Activity Assistant #1 said no one had told him that Resident #425 wanted to smoke. (continued on next page)

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	08/15/2024

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/13/24 at 3:59 A.M., Resident #425 said he/she had another smoking today (8/13/24) that as completed by the nurse but he/she was not taken outside to smoke. Resident #425 said the assessment was done with a pen to evaluate if he/she could hold a cigarette. Resident #425 said no one had offered for him/her to go out for the 4:00 P.M. smoke time and he/she would have liked to have gone out. During an interview on 8/15/24 at 12:43 A.M., the Director of Nursing (DON) said she was not sure if Resident #425 should have been offered to go out and smoke. The DON said Resident #425 knew the smoking times and should have called if he wanted to smoke. During an interview on 8/15/24 at 12:43 P.M., the Corporate Clinical Services Coordinator said it was Resident #425's right to smoke and someone should have offered for him to go out and smoke.

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	08/15/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46562 Based on interview and record review, the facility failed to ensure advanced directives were reviewed and followed-up on for one Resident (#44), out of 25 sampled residents. Specifically, the facility failed to ensure the wishes for Do Not Resuscitate (DNR) were pursued as legally allowed for Resident #110. Findings include: Review of the facility's policy titled Advanced Directives, dates as revised in [DATE], indicated the following: -Do Not Resuscitate (DNR)- indicates that, in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy, or representative has directed that no cardiopulmonary resuscitation (CPR) or other life-sustaining treatments or methods are to be used. - Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives -The plan of care for each resident is consistent with his or her documented treatment preference and/or advance directives Resident #110 was admitted to the facility in [DATE] with diagnoses including a history of a cerebral infarction (stroke) and aphasia (defect or loss of the power of expression by speech, writing, or signs, or of comprehending spoken or written language, due to injury or disease of the brain centers). Review of the Minimum Data Set (MDS) assessment, dated [DATE], indicated Resident #110 had severely impaired cognition with short- and long-term memory problems as evidenced by staff assessment. Review of the medical record for Resident #110 included the following: - a Massachusetts Medical Orders for Life-Sustaining Treatment (MOLST) form, signed by a physician in [DATE], indicating Resident #110 was a Do Not Resuscitate (DNR), Do not Intubate and Ventilate (DNI). -the MOLST form indicated consent from Resident #110's Representative had been obtained over the phone in [DATE]. -Guardianship paperwork, indicating Resident #110 was incapacitated and could not make his/her own decisions and Resident Representative # 4 had been elected to make medical decisions for Resident #110. Review of Resident #110's current physician orders failed to indicate advanced directive orders. (continued on next page)

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	08/15/2024

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #110's care plan indicated but was not limited to: -Focus: Advanced Directives, [DATE] -Intervention: Discuss Advance Directives with Patient, Family or Legal Representative, [DATE] -Intervention: Full Code, [DATE] Review of Resident #110's Quarterly Progress Note completed by Social Worker #1, dated [DATE], indicated but was not limited to: -He/She is a full code and has a guardianship who visits regularly During a telephonic interview on [DATE] at 9:32 A.M., Resident Representative #4 said she told the hospital she wanted Resident #110 to be a DNR, DNI as she indicated to the hospital in April. Resident Representative #4 said the facility had not discussed advance directives with her to question or clarify her wishes. During an interview on [DATE] at 8:52 A.M., Nurse #9 said Resident #110 did not have orders in his/her electronic record to reflect advance directives. Nurse #9 said if a MOLST was completed it should be honored. During an interview on [DATE] at 8:48 A.M., the Assistant Director of Nurses (ADON) said a MOLST form is an order for advance directives. The surveyor and ADON reviewed Resident #110's medical record and the ADON said the Resident Representative wishes were not reflected. During an interview on [DATE] at 9:54 A.M., the Director of Nurses (DON) said Resident #110's guardian was Resident Representative #4 and her wishes for Resident #110 should be followed. The surveyor and the DON reviewed Resident #110's MOLST form and the DON said given that verbal consent was obtained the MOLST form could not be honored. The DON said the advance directives should have been reviewed with the Resident Representative and clarified. During an interview on [DATE] at 10:55 A.M., Social Worker #1 said advance directives should be reviewed and completed when a Resident/Resident Representative indicated their wishes have changed. The surveyor and Social Worker #1 reviewed the medical record and Social Worker #1 said the MOLST form although not signed by the Resident Representative indicated wishes for Resident #110 to be a DNR and DNI. Social Worker #1 said the advance directives should have been clarified and put into place.

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	08/15/2024

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 34145 Based on record review and interview, the facility failed to ensure the Physician/Practitioner was notified of a change in treatment for one Resident (#59), out of a total sample of 25 residents. Specifically, the facility failed to ensure the Physician/Practitioner was notified when an antibiotic prescribed to treat a urinary tract infection (UTI) was not available from the pharmacy and administered as ordered. Findings include: The Facility Policy titled Miscellaneous Special Situations, Unavailable Medications, dated February 2019, indicated that medications used by residents in the Nursing Facility may be unavailable for dispensing from the pharmacy on occasion. The Policy indicated that the Facility must make every effort to ensure that medications were available to meet the needs of each resident. The Policy indicated that nursing staff shall notify the attending Physician of the situation and explain the circumstances, expected availability, and optional therapy/therapies that are available. Resident #59 was admitted to the facility in April 2024 and diagnoses including a history of a stroke and chronic kidney disease. Review of the Minimum Data Set assessment, dated 7/30/24, indicated Resident #59 had an indwelling urinary catheter. Review of a Physician/Practitioner Progress note, dated 5/24/24 at 1:55 P.M., indicated, but was not limited to: -History of recurrent UTIs; will send a urinalysis culture. -Given his/her history, will treat empirically per previous culture results. -Give Meropenem (antibiotic) 1 gram (gm) every eight hours X seven days (for a total of 21 doses) Review of May 2024 Physician's orders included, but was not limited to: -Meropenem 1 gm intravenously every eight hours for seven days for UTI (5/24/24) Review of a Nursing Note, dated 5/24/24, indicated the Meropenem was not available and the pharmacy would deliver during the night shift. Further review of the medical record failed to indicate the Physician/Practitioner was notified that Meropenem was not available and would not be delivered until the night shift. (continued on next page)

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	08/15/2024

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the May 2024 Medication Administration Record (MAR) indicated the first dose of Meropenem 1 gm was administered on 5/25/24 at 6:00 A.M. The MAR indicated the antibiotic was administered every eight hours from 5/25/24 at 6:00 A.M. to 5/31/24 at 6:00 A.M. for a total of 19 doses and not 21 doses as ordered. Further review of the medical record failed to indicate the Physician/Practitioner was notified that Meropenem was not administered every eight hours for seven days as ordered. During an interview on 8/15/24 at 11:05 A.M., Unit Manager #1 reviewed Resident #59's medical record and said there was no evidence the Physician/Practitioner was notified of the delay in receiving the Meropenem and administration of the the medication was less than seven days as ordered. Unit Manager #1 said it is her expectation that Nursing staff would have notified the Physician of the delay in delivering and administering the medication, and that it was not administered for 7 days as ordered.

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	08/15/2024

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted 50740 Based on record review and interview, the facility failed to ensure staff developed a baseline or comprehensive care plan within 48 hours of the resident's admission, which included the instructions needed to provide effective and person-centered care for two Residents (#424 and #425), out of a total sample of 25 residents. Specifically, the facility failed: 1. For Resident #424, to develop a baseline care plan for the Resident's diagnosis of diabetes mellitus and sarcoidosis; and 2.For Resident #425, to develop and implement a baseline care plan related to falls. Findings include: Review of the facility's policy title Care Plans - Baseline, last revised March 2022, indicated but was not limited to: - Policy Statement: A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. -The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following: a. Initial goals based on admission orders and discussion with the resident/representative; b. Physician orders; c. Dietary orders; d. Therapy services; e. Social services; and f. PASARR recommendation, if applicable. -The baseline care plan is used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered care plan (no later than 21 days after admission). The baseline care plan is updated as needed to meet the resident's needs until the comprehensive care plan is developed. - The resident and/or representative are provided a written summary of the baseline care plan (in a language that the resident/representative can understand) that includes, but is not limited to 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
	225356	A. Building B. Wing	08/15/2024

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. The stated goals and objectives of the resident; b. A summary of the resident's medications and dietary instructions; c. Any services and treatments to be administered by the facility and personnel acting on behalf of the facility; and d. Any updated information based on the details of the comprehensive care plan, as necessary. -Provision of the summary to the resident and/or resident representative is documented in the medical record. 1. Resident #424 was admitted to the facility in August 2024 with diagnoses including type 2 diabetes mellitus (DM) with hyperglycemia and sarcoidosis of the lung (an inflammatory condition which can cause shortness of breath, cough, and permanent lung damage). Review of the medical record indicated the Minimum Data Set (MDS) Assessment was still in progress. Review of the Physician's Orders indicated, but was not limited to, the following: -Check blood sugars as needed (8/7/24) -Check blood sugars two times a day (8/7/24) -Consult: Respiratory consult: Eval and treat as as [sic] needed or indicated (8/6/24) -Hypoglycemic Protocol- For blood sugar less as needed 1. Administer approximately 15 grams (g) of glucose by mouth or carbohydrates found in any of the following: 1/2 cup juice, 1/2 cup applesauce, 1 cup milk, 1 tube glucose gel, 3 glucose tablets. AND as needed 2. Wait 15 minutes AND as needed 3. Recheck BG levels. If level is still below the target, give another 15g of glucose by mouth or follow with a meal or snack within one hour. AND as needed 4. If resident is unable to swallow administer glucagon 1 milligram (mg) intramuscularly immediately. A. Recheck blood glucose levels in 15 mins, if no response may repeat one time B. Notify Physician for continuing orders (8/7/24) -Albuterol Sulfate Nebulization Solution (2.5mg/3 milliliters (ml)) 0.083% 1 vial inhale orally via nebulizer every 6 hours as needed for SOB (8/12/24) (a medication used to treat breathing problems) -Azithromycin 250mg 1 tablet by mouth one time a day for cough for 4 days (8/9/24) (an antibiotic) -Benzonatate (a medication used to treat cough) Capsule 200mg 1 capsule by mouth every 8 hours as needed for cough (8/12/24) -Budesonide-Formoterol Fumarate inhalation Aerosol 80-4.5mg/act 2 puff inhale orally two times a day for pulmonary hypertension (8/6/24) (a medication used to treat breathing problems) -Lantus (Insulin Glargine) inject 50 unit subcutaneously two times a day for DM (8/6/24) (a long-acting insulin) (continued on next page)

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	08/15/2024

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Mucus Relief ER 600mg Give 1 tablet by mouth two times a day for cough for 5 days (8/11/24) -Prednisone Give 60 mg by mouth one time a day for cough for 2 Days THEN Give 50 mg by mouth one time a day for cough for 2 Days THEN Give 40 mg by mouth one time a day for cough for 2 Days THEN Give 30 mg by mouth one time a day for cough for 2 Days THEN Give 20 mg by mouth one time a day for cough for 2 Days THEN Give 10 mg by mouth one time a day for cough for 2 Days (8/8/24) (a medication used to reduce inflammation) -Robitussin Peak Cold DM Syrup 100-10mg/5ml Give 10ml by mouth every 4 hours as needed for cough (8/11/24) -Ventolin HFA Inhalation Aerosol Solution 108mcg/act 2 puff inhale orally every 4 hours as needed for wheeze(8/6/24) (a medication used to treat breathing problems) Further review of Resident #424's medical record failed to indicate a baseline or comprehensive care plan was developed within 48 hours of admission to address the Resident's diagnosis, treatment and monitoring of diabetes mellitus and sarcoidosis. During an interview on 8/15/24 at 11:55 AM, Nurse #11 said that the supervisor initiates the baseline care plan at the time of admission. Nurse #11 said the care plans are driven by the residents' specific diagnoses and needs. Nurse #11 said that a baseline care plan relevant to a diagnosis of diabetes should be initiated with the baseline care plan. During an interview on 8/15/24 at 12:43 P.M., the Director of Nursing (DON) said that the baseline care plan is completed within the first 48 hours of admission and the care plans included are based on the evaluations that are completed for each resident and the residents' diagnoses. 48695 Resident #425 was admitted to the facility August 2024 with diagnoses of hypertension and psoriatic arthritis mutilans (inflammation in the joints of the hands and feet, leading to deformities and movement problems). Review of the medical record indicated the Minimum Data Set (MDS) Assessment was still in progress. Review of Resident #425 Resident Evaluation Form, dated 8/6/24, indicated but was not limited to: - Resident #425 had a moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 9 out of 15. - Resident #425 had 1-2 falls in the past 3 months and was a high fall risk. Reviewed of Resident #425 medical record failed to indicate his/her Health Care Proxy was activated. Further review of the medical record indicated Resident #425 had sustained a fall on 8/6/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225356	A. Building B. Wing	08/15/2024

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the medical record indicated a care plan for Falls had been established on 8/12/24, six days after (144 hours) after Resident #425's admission. During an interview with record review on 8/13/24 at 4:14 P.M., Nurse #6 said on admission a care plan should be implement for falls. Nurse #6 and the surveyor and reviewed Resident #425's care plans. Nurse #6 said a care plan for falls should have been established on admission or within 48 hours. Nurse #6 said she did not know why it took so long to implement a care plan for falls. During an interview on 8/15/24 at 12:43 P.M., The Director of Nurses (DON) said Resident #425's care plan for falls went in late but should have been implemented within 48 hours of admission.

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	08/15/2024

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 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. 34145 Based on observation, record review, and interview, the facility failed to ensure staff provided care and services consistent with accepted standards of clinical practice for two Residents (#59 and #47), out of a total sample of 25 residents. Specifically, the facility failed to ensure: 1. For Resident #59, a. the Physician's order for antibiotics to treat a urinary tract infection (UTI) was implemented timely which resulted in a delay in treatment and was administered for the duration of the order; and b. the Physician's order was followed for tube feeding (a medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation) and measuring gastric volume; 2. For Resident #425, care and treatment to the Resident's implanted cardiac pacemaker met professional standards of quality. Findings include: 1. Resident #59 was admitted to the facility in April 2024 and diagnoses including a history of a stroke, chronic kidney disease and diabetes mellitus. Review of the Minimum Data Set assessment, dated 7/30/24, indicated Resident #59 had an indwelling urinary catheter and received tube feeding. a. Review of a Physician/Practitioner Progress note, dated 5/24/24 at 1:55 P.M., indicated, but was not limited to: -History of recurrent UTIs; will send a urinalysis culture. -Given his/her history, will treat empirically per previous culture results. -Give Meropenem (antibiotic) 1 gram (gm) every eight hours X seven days (for a total of 21 doses) Review of May 2024 Physician's orders included, but was not limited to: -Meropenem 1 gm intravenously (IV) every eight hours for seven days for UTI (5/24/24) Review of a Nursing Note, dated 5/24/24, indicated the Meropenem was not available and the pharmacy would deliver during the night shift. Review of the May 2024 Medication Administration Record (MAR) indicated the first dose of Meropenem 1 gm was administered on 5/25/24 at 6:00 A.M. The MAR indicated the antibiotic was administered every eight hours from 5/25/24 at 6:00 A.M. to 5/31/24 at 6:00 A.M. for a total of 19 doses and not 21 doses as ordered. (continued on next page)

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	08/15/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/15/24 at 11:05 A.M., Unit Manager #1 reviewed Resident #59's medical record and said there was no evidence the Physician/Practitioner was notified of the delay in receiving the Meropenem and administration of the the medication was less than seven days as ordered. Unit Manager #1 said it is her expectation that Nursing staff would have notified the Physician of the delay in delivering and administering the medication, and that it was not administered for 7 days as ordered. During an interview on 8/16/24 at 1:03 P.M., the Staff Development Coordinator/Infection Preventionist (SDC/IP) provided the surveyor with an itemized list of all medications available in their automated medication dispensing system. Review of the medication listing indicated the automated medication dispensing system includes the antibiotic, Meropenem 1 gm vial. The SDC/IP reviewed Resident #59's medical record and said when nursing learned that the pharmacy could not deliver the Meropenem until the night shift, the medication should have been obtained from the automated medication dispensing system to prevent a delay in treatment. He said there is always a nurse in the facility that has credentials to access the system and retrieve medication. b. Review of the facility's policy, Enteral Nutrition Feedings, dated 7/26/13, indicated, but was not limited to: -The purpose of this policy is to provide guidelines for providing enteral nutrition support to residents receiving enteral tube feedings. -Process: -Verify physician order. -Review resident care plan and provide for any special needs of the resident. -Check gastric residual volume according to practitioner order -Remove gloves and perform hand hygiene after checking residual volumes. -Document the following: -Date and time of the procedure -Type and amount of enteral feeding -Name and title of the individual performing the procedure -All assessment data gathered during the procedure -How the resident tolerated the procedure -The signature and title of the person recording the data Review of the medical record indicated, but was not limited to the following Physician's orders: (continued on next page)

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	08/15/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Enteral Feed Order: Glucerna 1.5; Rate; 60 milliliters(ml))/hour (hr) x 20 hours until 1200 ml infused (up at 2:00 P.M., down at 10:00 A.M.) (percutaneous endoscopic gastrostomy (PEG) tube, also known as a gastrostomy tube, is a feeding tube that's inserted through the skin and into the stomach to provide direct access to the stomach) (6/28/24) -Enteral Feed Order: every shift per American Society for Parenteral and Enteral Nutrition (ASPEN)/The Society of Critical Care Medicine (SCCM) critical care guidelines, please do not check for gastric residual volumes unless resident is exhibiting signs and/or symptoms of gastrointestinal (GI) distress. If greater than 500 cc, follow facility procedures and alert provider. (6/28/24) Review of comprehensive care plans indicated, but was not limited to: -Focus: Diet/Nutritional Status-Inadequate intake due to dysphagia, receiving tube feeding (4/24/24) -Interventions/Tasks: Enteral nutrition per physician's orders; Nothing by mouth (NPO) (4/24/24) -Goal: Will tolerate enteral feeding without any signs/symptoms of aspiration (4/24/24) Review of the medical record indicated a Nutrition Follow-up assessment and progress note, both dated 7/25/24. The assessment and note indicated Resident #59 had a gradual weight gain over the past six months. The dietician re-estimated the Resident's nutritional needs and recommend a new tube feeding regimen of Glucerna 1.5 at 55 ml/hr to expand to continuously (over 24 hours with calculations per 22 hours given feeding stopped for care to ensure accurate amount of tube feeding/flushes provided) for a total volume of 1210 ml. Review of Physician's verbal orders, dated 7/25/24, indicated the enteral feed order for Glucerna 1.5, 60/hr X 20 hours until 1200 ml infused (up at 2:00 P.M. and down at 10:00 A.M.) was discontinued on 7/25/24 and a new order was given for Glucerna 1.5, 55 ml/hr continuous for a total amount of 1210 ml infused on 7/25/24. Review of Nursing/Clinical notes from 7/25/24 through 8/8/24 related to tube feeding indicated: -7/26/24: G-tube in place, well functioning. -7/26/24: Glucerna 1.5 calorie completed this A.M., tolerated well. Glucerna 1.5 calorie up at 2:00 P.M., no indication of pain or discomfort noted. -7/27/24: All medication received via g-tube; g-tube flushed freely. -7/30/24: Completed G-tube feeding this A.M. Glucerna 1.5 calorie up at 2:00 P.M., tolerating well. -7/31/24: G-tube feeding well tolerated. -7/31/24: Completed Glucerna 1.5 calorie this A.M., tolerated well. -8/2/24: G-tube patient. (continued on next page)

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	08/15/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-8/3/24: Completed G-tube feeding this A.M., tolerated well. -8/4/24: Tolerated G-tube feeding well, completed this A.M. Glucerna 1.5 calorie up at 2:00 P.M., infusing well at 55 cc/hour tolerating well. -8/8/24: G-tube patent, infusing Glucerna @ 55 ml/hr with free water flushes @ 175 ml every four hours. -8/8/24: Continue on Glucerna 1.5, runs at 55 ml/hr via g-tube. G-tube intact and patent. No signs of infection noted at the site. During an interview with observation on 8/8/24 at 12:20 P.M., the surveyor observed Resident #59 reclined in a Broda chair in his/her room. A tube feed pump was attached to an IV pole (used suspend fluid bags at a height so that intravenous/entereal fluids can flow from the bag to the patient) positioned behind the Resident's chair. The pump was off and no tube feed formula was hanging on the pole. Resident #59's Responsible Person (RP) she said every day, staff start the Resident's tube feeding at 2:00 P.M. and take it down at 10:00 A.M. the following day. During an interview with observation on 8/8/24 at 2:40 P.M., Nurse #7 said Resident #59 receives Glucerna 1.5 at 55 ml/hr up at 2:00 P.M. and down at 10:00 A.M. the following day, and gets a 175 ml flush every 4 hours. At 2:45 P.M., Nurse #7 connected a syringe to the PEG tube and drew back the plunger which pulled gastric liquid into the syringe. She then pushed the gastric contents back through the tube, and flushed the tube with water. The surveyor asked if Resident #59 showed any signs or symptoms of gastrointestinal distress, and she said no, he/she does well with the feedings. Review of a Nursing/Clinical Note, dated 8/8/24 and written by Nurse #7, failed to indicate Resident #59 had any signs/symptoms of gastrointestinal distress to check gastric residual volume according to physician's orders. On 8/9/24 at 10:06 A.M., the surveyor observed Unit Manager #1 disconnect the tube feeding from Resident #59's PEG tube. Review of July and August 2024 Medication Administration Record (MAR) indicated nursing staff signed off that Glucerna 1.5, 55 ml/hr continuous for a total amount of 1210 ml infused via PEG tube was administered as ordered. On 8/9/24 02:07 P.M., the surveyor observed Unit Manager #1 hang a bottle of Glucerna 1.5 and set the pump to 55 ml/hr. She said the feeding goes up at 2:00 P.M. and down at 10:00 A.M. The surveyor asked if she if she verified the order before hanging the feed and starting it and she said yes. Unit Manager #1 and the surveyor reviewed the physician's tube feed orders on the computer. She read the active order aloud which indicated the feed order was Glucerna 1.5 at 60/hr X 20 hours until 1200 ml infused. The Unit Manager reviewed discontinued orders and said she did not realize the previous order was discontinued on 7/25/24. Unit Manager #1 said they do not document the volume of feeding infused to ensure the Resident is receiving the amount required. The surveyor shared the observation of Nurse #7 on 8/8/24 and she said the Nurse should also have verified and followed physician's orders and infused the tube feeding and not drawn gastric residual according to physician's orders. The Unit Manager said nursing was documenting on the MAR that the current tube feed order was being followed when it was not. (continued on next page)

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	08/15/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/9/24 at 2:35 P.M., the Dietician said she conducted a nutritional assessment on 7/25/24 and documented changes in the tube feed orders from 55 ml/hr up at 2:00 P.M. and down at 10:00 A. M. to 60 ml/hr continuously for a total infusion of 1200 ml. She indicated that taking into account stops in feeding during personal care, the total infusion time would be 22 hours. She said it would be impossible to meet the total volume required if the feeding were put up at 2:00 P.M. and taken down at 10:00 A.M. taking into account the time the feeding is off for care and nursing should have followed the tube feed order. 48695 Review of the facility policy title Pacer, Care of a Resident with, dated December 2015, indicated but was not limited to: -Purpose of the Procedure: The purpose of this procedure is to provide information about and guidance for the care of a resident with pacemaker. -Monitoring: 3. The pacemaker battery will be monitored remotely through the telephone or an internet connection. The resident's cardiologist will provide instructions on how and when to do this. -Documentation: 1. For each resident with a pacemaker, document the following in the medical record and on a pacemaker identification card upon admission: a. The name, address and telephone number of the cardiologist; b .Type of pacemaker c. Type of leads d. Manufacturer and model; e. Serial number; f. Date of implant; and g. Paced rate. Resident #425 was admitted to the facility August 2024 with diagnoses of hypertension (high blood pressure) and cardiomegaly (a condition where the heart grows larger than normal). Review of the medical record indicated the Minimum Data Set (MDS) Assessment was still in progress. Review of Resident #425's Resident Evaluation Form, dated 8/6/24, indicated but was not limited to: (continued on next page)

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	08/15/2024

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Resident #425 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 9 out of 15. Further review of Resident #425's Resident Evaluation Form, dated 8/6/24, failed to indicate he/she had a pacemaker, implanted defibrillator, or other implanted cardiovascular device. Reviewed of Resident #425 medical record failed to indicate his/her Health Care Proxy was activated. Review of Resident #425's hospital discharge paperwork indicated but was not limited to: -He/she had a history of HOCM (hypertrophic obstructive cardiomyopathy, a cardiac abnormality that causes the heart's walls to thicken and block blood flow) and LVH (Left ventricular hypertrophy is thickening of the walls of the lower left heart chamber) with Boston Scientific ICD (an implantable cardioverter defibrillator, is a device designed to administer lifesaving therapy in the event of a sudden cardiac arrest). On the following days the Physicians Assistant document Resident #425 had ICD placement: - 8/9/24 - 8/12/24 During an interview on 8/13/24 at 3:55 P.M., Resident #425 said he/she had a pacemaker with a defibrillator. During an interview on 8/13/24 at 4:14 P.M., Nurse #6 said the nurse doing the admission would identify on admission if a resident had a pacemaker or ICD on admission. Nurse #6 said the nurse doing the admission would notify the physician and obtain orders for care and management of the device. During an interview on 8/13/24 at 4:56 P.M., Nurse #13 said she did not ask Resident #425 if he/she had a pacemaker or ICD on admission because she thought he/she was confused. Nurse #13 said she did not see on the hospital discharge paperwork that indicated Resident #425 had an ICD. During an interview on 8/13/24 at 4:39 P.M., the Director of Nursing (DON) said it should have been identified on admission that Resident #425 had an ICD and orders for care should have been obtained along with information about the ICD.

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	08/15/2024

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 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor each resident's preferences, choices, values and beliefs. 34145 Based on observation, record review, and interview the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for one Resident (#65), out of a total sample of 25 residents. Specifically, the facility failed to fully develop and implement interdisciplinary care plans related to his/her dominant language of Cantonese and failed to implement their Limited English Proficiency policy. Findings include: Review of the facility's policy titled, Communication with Persons with Limited English Proficiency, last revised October 2022, indicated but was not limited to the following: - It is the policy of this Center to: -take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. -All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/residents and their families will be informed of the availability of such assistance free of charge. -Provide for meaningful communication and access for patients/residents who have LEP. -Ensure compliance with federal regulatory requirements. -Family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's record. Resident #65 was admitted to the facility in March 2024 with diagnoses including encephalopathy and anxiety. Review of the Minimum Data Set assessment, dated 6/18/24, indicated Resident #65 was of Asian descent with Cantonese as his/her primary language and needed or wanted an interpreter to communicate with a doctor or health care staff. Review of comprehensive care plans included, but was not limited to: -Focus: Difficulty understanding/communicating related to lack/limited use/understanding of English (3/25/24) -Interventions/Tasks: Communicate using yes/no questions and responses when able; provide reassurance and patience when communicating with patient. Repeat information as needed (3/25/24) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225356	A. Building B. Wing	08/15/2024

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 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Goal: Will demonstrate understanding by completing task when requested (4/8/24); Will speak in a manner that can be understood (4/8/24); Family will be able to communicate with patient through sensory approaches/reminiscence (4/8/24); Will have needs met through normal daily routine without having to express them (4/8/24) The care plan for communication failed to identify the Resident's language and resident specific interventions to facilitate communication such as translation services or a communication book. -Focus: Prefers not to attend group activities due to communication deficit, prefers to stay in room (3/15/244) -Interventions/Tasks: Per Resident family, keep TV on sports station/Resident likes to watch sports (all) (6/21/24); Picture book for communication-translations (3/15/24) -Goal: Will participate in independent leisure activities of choice such as watching TV, listening to music as tolerated (3/15/24) Review of the Kardex (Certified Nursing Assistant Care Plan with key patient information) for Resident #65 failed to indicate he/she did not speak English and did not identify the availability of a picture book or translation services available to assist in communication with the Resident. On 8/8/24 at 10:30 A.M., the surveyor observed Resident #65 seated in a Broda chair (positioning chair) at the bedside watching television (talk show). The surveyor greeted the Resident and he/she responded in his/her language. There was no communication book noted in the Resident's room. On 8/8/24 at 2:16 P.M., the surveyor observed Resident #65's family member (family member #5) and a friend approach Nurse #1 at the Nursing Desk. Family member #5 asked, through an interpreter, if they (staff) had found an interpreter for Resident #65 yet. Nurse #1 responded no, and asked what language the Resident speaks. The family friend responded Cantonese. During an interview with observation on 8/8/24 at 2:20 P.M., Family Member #5, through an interpreter, said Resident #65 speaks Cantonese and there is no staff that speak the language and can communicate with the Resident. She said there is no communication book available in the Resident's room and she is not aware of the availability of translation services. During the interview, Resident #65 was observed conversing in his/her language with both Family Member #5 and his/her friend. During an interview on 8/8/24 at 2:35 P.M., Nurse #1 said they have not been able to find an interpreter that speaks Resident #65's language and is not aware if there is a communication book or where it would be. On 8/12/24 at 11:30 A.M., the surveyor knocked and entered the Resident's room. The Resident was shouting out and gesturing toward the television. The surveyor indicated to Resident #65 that she would get a staff person to assist him/her. At 11:35 A.M., the surveyor alerted Certified Nursing Assistant #3 (CNA #3) that Resident #65 was trying to communicate by speaking in his/her own language and pointing toward the television. She said the Resident speaks Chinese and she cannot communicate with him./her She said no staff speak Chinese here. The surveyor asked how staff communicates with the Resident and she said the family comes in and can translate, but they do not come in everyday. (continued on next page)

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	08/15/2024

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 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/12/24 at 11:49 A.M., the surveyor observed CNA #3 in the Resident's room changing the linen on his/her bed. The Resident was shouting out and gesturing toward the TV. The CNA did not respond to the Resident. The surveyor asked CNA #3 what she thought the Resident was trying to say. She said she didn't know, and resumed changing the linen on the bed. The Resident began to shout a little louder in his/her own language and gestured toward the TV. The surveyor asked CNA #3 again what she thought the Resident was trying to say. She said maybe he/she wants the light off, and she shut off the light. The surveyor asked CNA #3 if there is a communication book available in Chinese/Cantonese to assist the Resident in communicating with staff and she said no. She said the Resident's family has not left anything for them to use. The Resident began to shout and point at the TV again. CNA #3 changed the channel on the TV to a news program, but the Resident continued to shout out and point at the television. CNA #3 then gave the Resident the TV remote control and left the room. During an interview on 8/12/24 at 12:00 P.M., Nurse #2 said she usually works at night, but is working the day shift today. She said she is familiar with Resident #65, but she cannot speak Chinese. She said there is a translation line they can use to communicate with the Resident in an emergency. The surveyor asked if there was a communication book for staff to use to communicate with the Resident. Nurse #3 retrieved a three-ringed binder from a shelf. The binder contained pictures and corresponding words for Korean, traditional Chinese and Portuguese. She said she didn't know if CNA staff are aware the communication book is available on the shelf behind the nursing desk. On 8/13/24 at 9:32 A.M., the surveyor observed Resident #65 seated upright in Broda chair at the bedside. CNA #5 was in the room assisting his/her roommate. CNA #5 said she is familiar with Resident #65 and knows he/she speaks Chinese. She said she does not speak Chinese and unless the family is here to translate, she does not know what he/she is asking for when he/she speaks or gestures. The surveyor asked if there is a communication book for staff to use to communicate with the Resident and she said no.

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	08/15/2024

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 46562 Based on observation, record review and interview for one Resident (#276) of 25 sampled residents the facility failed to ensure acceptable parameters of nutritional status were maintained. Specifically, for Resident #276 a resident with nutritional risk factors, the facility failed to timely obtain a reweigh when significant weight loss was identified. Findings include: Review of the facility's policy titled Weight Assessment and Intervention, dated as revised March 2022, indicated but was not limited to: -residents are weighed upon admission and at intervals established by the interdisciplinary team such as: weekly for four weeks, then monthly unless otherwise indicated or as ordered -weights are recorded in each individual's medical record -any weight change of 5 pounds or more in a patient weighing more than 100 pounds or of 2 pounds in a patient weighing less than 100 pounds since the last weight assessment will be retaken for verification. If the weight is verified, nursing notifies the dietitian -the dietitian will respond timely to a verified significant weight change -the threshold for significant unplanned and undesired weight loss is based on the following criteria [where percentage of body weight loss = (usual weight - actual weight)/ usual weight) x 100] a. 1 month - 5% weight loss is significant; b. 6 months - 10% weight loss is significant Review of the U.S. Center for Disease Control and Prevention's Adult Body Mass Index (BMI, a numerical value calculated from a person's weight and height that is used to assess an individual's weight status) Categories, dated 3/19/24, indicated but was not limited to the following: -BMI Category: BMI Range (kilogram/meters squared) -Underweight: less than 18.5 -Healthy Weight: 18.5 to less than 25 -Overweight: 25 to less than 30 -Obesity: 30 or greater Resident #276 was admitted to the facility in July 2024 with the following diagnoses: adult failure to thrive and chronic obstructive pulmonary disease (COPD). (continued on next page)

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	08/15/2024

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Minimum Data Set (MDS) assessment, dated 7/30/24, indicated Resident #276 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15. Further review of the MDS indicated he/she was 62 inches tall and weighted 123 pounds, with no or unknown weight loss or gain. Review of Resident #276's care plan indicated but was not limited to: -Focus: Nutritional Status, malnourished related to past medical history of hypertension, hyperlipidemia, current BMI of 18.9, advanced age as evidenced by mini nutritional assessment form, therapeutic diet, dated as revised 8/6/24 -Goal: Will not experience a significant change in weight through next review, dated 8/6/24 -Interventions: Weights as ordered, 8/6/24 Review of Resident #276's physician orders indicated but was not limited to: -Regular diet with regular texture and thin consistency, dated 7/29/24 -Med Pass 2.0 (a nutritional supplement used to add additional dietary calories and protein), 60 milliliters (ml) by mouth three times per day, dated 8/6/24 -Weekly weights, every day shift every Monday, dated 7/29/24 -Mirtazapine (antidepressant, used as an appetite stimulant) 15 milligrams (mg) by mouth at bedtime for poor appetite, dated 7/29/24 Review of Resident #276's weight summary indicated: -7/29/24: 122.8 pounds (mechanical lift) -8/5/24: 103.4 pounds (mechanical lift) Review of Resident #276's Mini Nutritional Status, dated 8/6/24, indicated but was not limited to: -weight: 103.4 pounds -height: 62 inches -BMI less than 19 Review of Resident #276's Nutrition Evaluation, dated 8/6/24, indicated but was not limited to: -height: 62 inched -weight: 103.4 pounds -BMI: 18.9 (continued on next page)

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	08/15/2024

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Additional comments/Weight history: 7/29 122.8#, 8/5 103.5# -Patients weight status: loss, 15.8% loss -Additional detail: from 7/29 to 8/5, question accuracy. Reweigh to be requested -Nutritional Problems: underweight, malnourished -Recommendations/Additional Comments: Reweigh it so be requested, BMI 18.9 (if accurate) within normal limits, however low. Gradual weight gain is ideal. Recommend trial Med Pass 60 ml three times per day to optimize intake. Reweigh, monitor weights and labs. Review of the Nutrition Note, dated 8/5/24 indicated but was not limited to: -Patient sent to hospital, since return no new weights obtained. No significant dietary changes. Review of the Nutrition Note, dated 8/6/24, indicated but was not limited to: -Noted to have a weight loss, 15.8, time frame for weight change from 7/29 to 8/5. Question accuracy, reweigh to be requested. -Underweight with malnutrition -Gradual weight gain is ideal -Recs: NAS diet, Med Pass 60 ml three times per day, reweigh, monitor weights and labs as ordered During an interview on 8/12/24 at 11:30 A.M., Resident #276 said he/she had not been weighed in a while and knew there was something off with his/her weights. Resident #276 said he/she was not sure what his/her current weight was and would ask the facility staff to weigh him/her again. During an interview on 8/13/24 at 9:42 A.M., Nurse #3 said the dietitian leaves a list of patients who need a weight and then the staff obtain the weight and give the list back to the dietitian. During an interview on 8/13/24 at 3:25 P.M., the Director of Nurses (DON) said the policy did not specify a timeframe in which a reweigh should be obtained. The DON said she could not quantify the expected length of time for a reweigh. During an interview on 8/14/24 at 11:31 A.M., the Dietitian said Resident #276 was due for a reweigh, she has been on the daily request list provided to nursing but the reweigh had not been obtained. During an interview on 8/14/24 at 11:55 A.M., the Dietitian said she has not seen Resident #276 since 8/6/24 and the reweigh was being obtained that day. The Dietitian said the preference would be for a reweigh to be obtained within one day. The Dietitian said when a reweigh is needed she speaks with the nursing staff verbally, documents it in her notes, and provided a daily list of weights that are needed. The Dietitian said Resident #276 was on the weight list 8/6, 8/7, 8/8, 8/9, 8/13 and 8/14. (continued on next page)

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	08/15/2024

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #276's medical record, 8/15/24 at 9:10 A.M., failed to indicate a weight had been obtained. During an interview, with record review, on 8/15/24 at 11:40 A.M., Nurse #3 said Resident #276's last documented weight was 103.4 pounds and had been obtained on 8/5. Nurse #3 said Resident #276 was on the list for that day but had not been weighed yet. During an interview on 8/15/24 at 11:47 A.M., the Dietitian said Resident # 276 was weighed yesterday (8/14/24) and it was not documented because it was not accurate and another reweigh was requested. The Dietitian confirmed that she had been requesting a reweigh since 8/6 and one had not been obtained prior to 8/14/24. During an interview on 8/15/24 at 11:49 A.M., the Assistant Director of Nurses (ADON) said a reweigh should be obtained within 24 hours and if the resident refused it should be documented. The surveyor and ADON reviewed Resident #276's medical record and the ADON said the last documented weight was on 8/5/24, and a refusal was not documented. During an interview on 8/15/24 at 1:47 P.M., the Dietitian said the weight from 8/14/23 was 115 pounds which was questionable so a reweigh was obtained that day (8/15/24) which resulted in a weight of 111.8 pounds. The Dietitian said the facility will continue with weekly weights and she intended to assess the Resident that day, and at this time there had been no changes in the plan of care. Subsequent review of Resident #276's weight summary indicated: -7/29/24: 122.8 pounds (mechanical lift) -8/5/24: 103.4 pounds (mechanical lift), - 19.4 pounds -8/14/24: 115.2 pounds (wheelchair), + 11.8 pounds -8/15/24: 111.8 poounds (sitting) -3.4 pounds During an interview on 8/15/24 at 2:36 P.M., the Staff Development Coordinator (SDC) said the expectation for a resident with a loss of 5 pounds or more should be re-weighed within 24 hours. The SDC said if a resident had a 5 pound or more gain a reqeight should be obtained immediately.

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	08/15/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 46562 Based on observation, test tray results, and interview, the facility failed to ensure staff served food that was palatable and at an appetizing temperature for 2 out of 2 test trays conducted. Findings include: During initial resident screening on 8/8/24, the residents expressed the following concerns about the food served at the facility: -Food that was served was not often hot -The food was served cool to warm -The food was sometimes cold -The food was not palatable and was ice cold most of the time. On 8/12/24 at 1:40 P.M., the residents at the Resident Group Meeting expressed concern regarding the palatability of the food served at the facility with concerns that included but was not limited to: -The food leaves a lot to be desired -Some of the food looked like vomit -The portions were terrible reports that he/she received one chicken wing cut in half as their protein serving -Chicken with pieces of bone in it had been served During an interview on 8/12/24 at 11:20 A.M., Resident #22 said over the weekend the food was terrible. Resident #22 said on 8/11/24 the residents were served a chicken patty and french fries and the french fries were cold and the chicken patty was ice cold. Resident #22 said on 8/10/24 the residents were served hot dogs and beans and the hot dog was ice cold and shriveled up. Resident #22 said he/she was discharged that day and was looking forward to a good meal, he/she said he/she had sent back more meals than he/she had eaten. Test Tray#1 On 8/12/24, the surveyor requested a lunch tray. The test tray was to be delivered to the 3 [NAME] Unit. The test tray, a puree meal, was plated and placed on the food truck at 12:26 P.M. The food truck left the kitchen at 12:27 P.M. and arrived on the unit at 12:28 P.M., trays were immediately passed. The last tray was passed at 12:38 P.M. The surveyor and the Food Service Director (FSD) conducted the test tray at 12:39 P. M., the FSD obtained temperatures in degrees Fahrenheit (F) with the facility thermometer and the surveyors thermometers with the following results: (continued on next page)

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	08/15/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Milk: 39.6 F -Applesauce: 44.5 F -Mashed potato/gravy: 147.1 F -Pork: 141.6, warm but not hot -Vegetable (squash): 137.8, warm and not hot, bland to taste, and slightly gummy in texture During an interview on 8/12/24 at 12:37 P.M., the FSD said the facility conducts test trays at least weekly and for the most part they are satisfactory. The FSD milk had been the biggest hurdle and that had improved. The FSD said the vegetable could have used a little more seasoning. Test Tray #2 On 8/13/24, the surveyor requested a lunch tray. The test tray was to be delivered to the 2 East Unit. The test tray, a regular texture meal, was plated and placed on the food truck at 12:09 P.M. The Food truck left the kitchen at 12:10 P.M. and arrived on the unit at 12:12 P.M. The first tray was passed at 12:13 P.M. and the last tray was passed at 12:19 P.M. The surveyor and the Food Service Director (FSD) conducted the test tray at 12:19 P.M., the FSD obtained temperatures in degrees Fahrenheit (F) with the facility thermometer and the surveyors thermometers with the following results: -Milk: 41F -Apple juice: 43F -Chocolate Pudding: 55F -Vegetable: 127F, lukewarm and slightly bland to taste -Hot entree (fettuccini alfredo): 149, warm but not hot During an interview on 8/13/24 at 12: 24 P.M., the FSD said the juice could have been colder and the vegetable could have been warmer. The FSD said that florets have always been difficult to maintain temperature. During an interview on 8/15/24 at 7:39 A.M., the Dietitian said she did not participate in test trays with the FSD but she believed he conducted them weekly and that they were going well. During an interview on 8/15/24 at 1:31 P.M., the Regional Dietary Director provided the surveyor with a list of Test Tray Standard Temperatures indicated cold beverages should be 41F and the vegetable should be 135F.

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	08/15/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 49428 Based on observations, staff interviews, and record review, the facility failed to ensure that staff accommodate food preferences for two Residents (#18 and #37), out of a total sample of 25 residents. Specifically, 1. For Resident #18, the facility failed to offer preferred food and portion size requested by the Resident, which included scrambled eggs and double meal portions. 2. For Resident #37, the facility failed to honor the Resident's preferences and served the Resident foods that he/she disliked, including coffee and oatmeal, on a daily basis. Findings include: 1. Resident #18 was admitted to the facility in July 2023 with diagnoses that included adult failure to thrive and ileostomy status. Review of the Minimum Data Set (MDS) assessment, dated 7/9/24, indicated Resident #18 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident was cognitively intact. The MDS also indicated the Resident had the ability to make his/herself understood and had the ability to understand others with clear comprehension. The MDS also indicated the Resident was their own healthcare decision maker. Review of Resident #18's current physician orders indicated: -Regular diet, minced and moist texture, thin consistency, fortified, double portions for nutrition; order start date 7/3/23. Further review of Resident #18's medical record indicated but was not limited to the following: Nutrition Follow-Up Assessment, dated 10/9/23, indicated but was not limited to the following: -Resident #18 was on a regular diet, fortified, minced and moist texture, thin consistency; -Resident #18 requested bigger portions. Dietitian #2 stated the Resident's order and kitchen were updated. Nutrition Follow-Up Assessment, dated 1/6/24, indicated but was not limited to the following: -Resident #18 continued on a regular diet, fortified, double portions, minced and moist texture, thin consistency; -dietitian recommendations: the Resident continueed on regular diet, fortified, double portions, minced and moist texture, thin consistency. Resident #18 requested his/her portion sizes to be increased which Dietitian would do. (continued on next page)

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	08/15/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nutrition Follow-Up Assessment, dated 4/4/24, indicated but was not limited to the following: -Resident #18 continued on a regular diet, fortified, double portions, minced and moist texture, thin consistency; -dietitian recommendations: Continue regular diet with fortified foods and double portions. Nutrition Follow-Up Assessment, dated 7/8/24, indicated but was not limited to the following: -Resident #18 continued on a regular diet, fortified, double portions, minced and moist texture, thin consistency; -dietitian recommendations: fortified foods, double portion foods at meals. Review of Resident #18's Progress Notes indicated but were not limited to the following: Review of Resident #18's meal ticket provided to the Resident on his/her meal trays indicated but were not limited to the following: 8/8/24 Lunch: minced and moist, double portion Dislikes: eggs Prefers: no preferences 8/13/24 Dinner: minced and moist, double portion Dislikes: eggs Prefers: no preferences 8/14/24 Breakfast: minced and moist, double portion Dislikes: eggs Prefers: no preferences 8/14/24 Lunch: minced and moist, double portion Dislikes: none (continued on next page)

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	08/15/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prefers: no preferences 8/14/24 Dinner: minced and moist, double portion Dislikes: none Prefers: no preferences During an interview on 8/8/24 at 12:40 P.M., Resident #18 said he/she buys their own snacks because the facility does not give them enough to eat. The surveyor observed containers of cookies, candy, and other snacks in the Resident's room. During an interview on 8/12/24 at 11:51 A.M., Resident #18 said the facility does not give him/her enough to eat. During an interview on 8/13/24 at 9:00 A.M., Resident #18 said he/she had been requesting double meal portions for months was not getting double portions. The Resident also said he/she liked scrambled eggs and had# been requesting scrambled eggs for months. The Resident said he/she was told they could not have eggs. During an interview on 8/13/24 at 11:40 A.M., the Dietitian said Resident #18's diet order indicated the Resident should be receiving double portioned meals and she was unaware of his/her preference for scrambled eggs and the Resident should receive foods he/she prefers. On 8/14/24 at 4:57 P.M., the surveyor observed staff deliver Resident #18's dinner tray. The surveyor observed one scoop of mashed potato, one scoop of pureed vegetables, and an amount of minced poultry that appeared to be the size of a deck of playing cards, and gravy; one carton of whole milk. Resident #18 said his/her dinner did not appear to be double portion. During an interview on 8/14/24 at 5 P.M., the Food Service Director (FSD) said a double portioned minced and moist dinner would have two scoops of each food item. Dietary Staff #6, who was cook on the dinner tray line, said a double portioned minced and moist meal was plated as follows: if using a small scooper, two scoops of each food is plated. If using a medium scoop, one and a half scoops of each food is plated. The FSD said Dietary Staff #6's explanation was correct. Dietary Staff #6 said he was using a medium sized scoop to plate today's dinner. Under the observation of the FSD, Dietary Staff #6 prepared a double portioned minced and moist dinner with the same food items Resident #18 received for dinner, minus the gravy. The surveyor observed two side-by-side scoops of mashed potato, two side-by-side scoops of pureed vegetable, and a portion of minced poultry larger than a deck of playing cards. During an interview on 8/14/24 at 5:15 P.M., the plate with double portions was placed before Resident #18 for visualization. The Resident said the plate with double portions had larger portion sizes than the meal he/she had received for dinner that evening. (continued on next page)

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	08/15/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/15/24 at 10:45 A.M., The DON said she sometimes oversees the tray line and knows what double portions looks like. The DON said the dinner meal Resident #18 received yesterday was not double portions. 2. Resident #37 was admitted to the facility in April 2023 with diagnoses that included dysphagia (difficulty swallowing) and acquired absence of other specified parts of digestive tract. Review of the MDS assessment, dated 7/16/24, indicated Resident #37 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) indicating the Resident was cognitively intact. The MDS also indicated the Resident had the ability to make his/herself understood and had the ability to understand others with clear comprehension. The MDS also indicated the Resident was their own healthcare decision maker. Review of Resident #37's current physician orders indicated: -Regular diet, soft and bite-sized texture, thin consistency, bread and transitional food allowed, FORTIFIED; order start date 5/14/23. Further review of Resident #37's medical record indicated but was not limited to the following: Nutrition Follow-Up Assessment, dated 10/17/23, indicated but was not limited to the following: -Resident #37 was discharged from hospice services on 10/9/23; -Resident #37 was on a regular diet, soft and bite-sized texture, thin consistency; 30 mL of Med Pass 2.0 (a fortified oral nutritional supplement) 60 mL TID, Mighty Shake (a fortified oral nutrition supplement) no sugar added TID; -weight 112.6 lbs.; -BMI 18.7; -Nutrition problems: at risk for malnutrition related to history of weight loss, low BMI, recent history of hospice care, altered texture diet; -Dietitian recommendations: Would benefit from weight gain within normal BMI range. Resident eating 50-100% of meals. Continue diet as ordered, add fortified foods. Monitor oral intake. Nutrition Follow-Up Assessment, dated 1/12/24, indicated but was not limited to the following: -Resident #37 was on a regular diet, soft and bite-sized texture, thin consistency, fortified foods; 30 mL of Med Pass 2.0 (a fortified oral nutritional supplement) 60 mL TID, Mighty Shake (a fortified oral nutrition supplement) no sugar added TID; -weight 118 lbs.; -BMI 19.6; (continued on next page)

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	08/15/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Nutrition problems: increased nutrient needs; -Dietitian recommendations: Weight gain considered desired. Resident is ordered for fortified foods and supplements to maximize intake and promote weight status. Continue fortified foods. Nutrition Follow-Up Assessment, dated 4/11/24, indicated but was not limited to the following: -Resident #37 was on a regular diet, soft and bite-sized texture, thin consistency, fortified foods; 30 mL of Med Pass 2.0 60 mL TID, Mighty Shake no sugar added TID; -weight 117.8 lbs.; -BMI 19.6; -Nutrition problems: at risk for malnutrition; -Dietitian recommendations: Oral intakes 50-100% of meals per documentation. Continue regular diet with fortified foods. Nutrition Follow-Up Assessment, dated 7/10/24, indicated but was not limited to the following: -Resident #37 was on a regular diet, soft and bite-sized texture, thin consistency; 30 mL of Med Pass 2.0 60 mL TID, Mighty Shake no sugar added TID; -weight 122.5 lbs.; -BMI 20.4; -Nutrition problems: at risk for malnutrition related to history of weight loss, low BMI (current 20.4), altered texture diet. -Dietitian recommendations: Oral intake typical greater than or equal to 50%. Continue regular diet with fortified foods. Review of Resident #37's Breakfast meal ticket for 8/15/24 indicated, but was not limited to the following: -Beverages: coffee -Dislikes: Brussels sprouts, broccoli, cauliflower, asparagus -Prefers: yogurt Review of Resident #37's record in the kitchen's meal ticket software indicated, but was not limited to the following: -Beverage/meal preferences: (continued on next page)

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	08/15/2024

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Breakfast: skim milk, coffee, yogurt Lunch: water, coffee, diet cranberry juice Dinner: skim milk, decaf coffee, diet ginger ale -Resident dislikes: broccoli, cauliflower, asparagus, Brussels sprouts During an interview on 8/15/24 at 8:53 A.M., Resident #37 said he/she has told staff a hundred times and for months that he/she does not drink coffee or eat oatmeal. The Resident said he/she always has staff take the coffee off his/her tray and he/she never eats the fortified oatmeal at breakfast. During an interview on 8/15/24 at 12:36 P.M., the Dietitian said she was not aware that Resident #37 did not like coffee or oatmeal and the Resident's food preferences should be accurate on the Resident's meal ticket.

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	08/15/2024

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 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. 46562 Based on observation, policy review, and interview, the facility failed to follow their policy and professional standards of practice for food safety and sanitation to prevent the potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to: 1. Ensure two of four-unit kitchenettes were maintained in a clean and sanitary condition; and 2. Ensure food items were properly labeled, dated, and stored four of four-unit kitchenettes. Findings include: 1. Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following: -3-305.11 (A) Except as specified in paragraphs (B) and (C) of this section, food shall be protected from contamination by storing the food (1) in a clean, dry location. -4-602.11 (D) Equipment is used for storage of packaged or unpackaged food such as a reach-in refrigerator and the equipment is cleaned at a frequency necessary to preclude accumulation of soil residues. -6-501.12 (A) Physical facilities shall be cleaned as often as necessary to keep them clean. Review of the facility's policy titled Food Receiving and Storage, dated as revised November 2022, indicated but was not limited to: -food services, or other designated staff, maintain clean and temperature/humidity-appropriate food storage areas at all times -all foods stored in the refrigerator or freezer are covered, labeled and dated (use by: date) -refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded Foods and Snacks Kept on Nursing Units: -all foods belonging to residents are labeled with the resident's name, the item and the use-by date -beverages are dated when opened and discarded after 72 hours unless otherwise indicated on the manufacturer's label 1A. On 8/12/24 at 2:57 P.M. and on 8/13/24 at 1:24 P.M., the surveyor observed the following in the 2 East Kitchenette: (continued on next page)

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	08/15/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Multiple cartons of Mighty Shakes (nutrition supplements) in the bottom drawer of the refrigerator. The shakes were sticking to the drawer and a dry yellow substance was noted on the bottom of the drawer and on some of the mighty shakes. During an interview, with kitchenette observation, on 8/13/24 at 2:28 P.M., the Food Service Director (FSD) said the dietary aide was supposed to restock and clean the kitchenette, including the refrigerator daily. The FSD said the shakes should not have been sticking to the drawer and it should have been clean. B. On 8/12/24 at 3:23 P.M. and on 8/13/23 at 1:39 P.M., the surveyor observed the following in the 3 East Kitchenette -the top shelf of the refrigerator with a large area of dry and crusted white substance During an interview, with kitchenette observation, on 8/13/24 at 2:42 P.M., the FSD said the dietary aide was supposed to restock and clean the kitchenette, including the refrigerator daily. The FSD said the top shelf of the refrigerator should have been clean. During an interview on 8/13/24 at 1:43 P.M., Unit Manager #2 said the kitchen staff was responsible for cleaning the refrigerators daily. During an interview on 8/13/24 at 1:56 P.M., Dietary Staff # 6 said the kitchenettes should be clean and without spills. Dietary Staff #6 said the dietary aid who stocks the kitchen daily should be making sure the kitchenette is clean. During an interview on 8/13/24 at 3:25 P.M., the Director of Nurses (DON) spills in the kitchenettes should be cleaned right away and the refrigerators should be maintained in a clean and sanitary manner. 2A. On 8/12/24 at 2:57 P.M., the surveyor observed the following in the 2 East Kitchenette: -8 out of 11 cartons of carbsteady nutrition supplements with an expiration date of 8/1/24 -one plastic bag containing food brought in by visitors, undated -one bottle of thickened water with a hint of lemon, opened and undated, with a manufacturer label which indicated it should be discarded if not used within 10 days of opening -two cartons of med pass 2.0 fortified nutritional shake (nutritional supplement), one dated 8/7/24 and one dated 7/1/24, with a manufacturer label which indicated it should be consumed with four days of being opened On 8/13/24 at 1:24 P.M., the surveyor observed the following in the 2 East Kitchenette: -8 out of 11 cartons of carbsteady nutrition supplements with an expiration date of 8/1/24 -one carton of med pass 2.0 fortified nutritional shake (nutritional supplement), one dated 8/7/24, with a manufacturer label which indicated it should be consumed with four days of being opened (continued on next page)

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	08/15/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview, with kitchenette observation, on 8/13/24 at 2:28 P.M., the FSD said the dietary aide should remove anything that is out of date or undated daily when restocking. B. On 8/13/24 at 1:18 P.M., the surveyor observed the following in the 2 [NAME] Kitchenette: -two cartons of thick and easy dairy beverage, one dated 8/8, one undated, with a manufacturers label which indicted it should be discarded if not used within four days of opening During an interview, with kitchenette observation, on 8/13/24 at 2:22 P.M., the FSD said the dairy beverage should have ben discarded after four days. The FSD said beverages should be dated when opened and disposed of per label. C. On 8/13/24 at 1:39 P.M., the surveyor observed the following in the 3 East Kitchenette -one carton of thick and easy dairy beverage, undated, with a manufacturers label which indicted it should be discarded if not used within four days of opening During an interview, with kitchenette observation, on 8/13/24 at 2:42 P.M., the FSD said the dairy beverage should be dated when opened and disposed of per label. D. On 8/12 at 3:29 PM, the surveyor observed the following in the 3 [NAME] Kitchenette - one plastic bag of food brought in by a visitor, undated On 8/13/24 at 1:31 PM, the surveyor observed the following in the 3 [NAME] Kitchenette -one carton of lactose free 2% reduced fat milk, undated, with a manufacturers label which indicated once open it should be consumed within 14 days. During an interview, with kitchenette observation, on 8/13/24 at 2:37 P.M., the FSD said food brought in by visitors should be dated and the lactose free milk should have been labeled when it was opened. During an interview on 8/13/24 at 1:37 P.M., Nurse #8 said food brought in by visitors is good for three days and should always have the date on it. Nurse #8 said the expectation was for staff to date containers/bottles when they open them and dispose of them based on the label instructions. During an interview on 8/13/24 at 1:43 P.M., Unit Manager #2 said food brought in by visitors should be dated and disposed of after three days. Unit manager #2 said all containers should be labeled and dated upon opening and disposed of per guidelines. During an interview on 8/13/24 at 1:56 P.M., Dietary Staff #6, said everything should be labeled when opened and thrown away per label. Dietary Staff #6 said food brought by in my visitors should be dated and disposed of after three 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
	225356	A. Building B. Wing	08/15/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/13/24 at 3:25 P.M., the DON said expectation food should be labeled when it is opened and disposed of per label instructions. The DON said food brought in by visitors should also be dated and is only good for three days. The DON said anything that was undated should be disposed of.

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	08/15/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 34145 Based on document review and interview, the facility failed to maintain an infection prevention and control program to help prevent the development and potential transmission of communicable diseases and infections for four Residents (#59, #104, #1A, and #74) of 25 sampled residents and for three of four units in the facility. Specifically, the facility failed to: 1. For Resident #59, ensure staff wore personal protective equipment (PPE) as required for Enhanced Barrier Precautions (EBP- an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes) while providing direct care to a Resident requiring tube feeding; 2. For Residents #104 and #1A, ensure staff wore PPE as required for contact precautions (an infection control intervention designed to reduce transmission of infections) while providing care; and 3. For Resident #74, ensure staff wore PPE as required for Isolation Precautions (an infection control intervention designed to reduce transmission of infections) while in his/her room. Findings include: Review of the facility's policy titled Enhanced Barrier Precautions, dated 8/2022, indicated but was not limited to: - Enhanced barrier precautions (EBP) are used as an infection prevention and control intervention to reduce the spread of multi-drug resistant organisms (MDRPs) to residents. -EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing high contact resident care activity (as opposed to before entering the room. b. Personal protective equipment is changed before caring for another resident. c. Face protection may be used if there is also a risk of splash or spray. -Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. transferring; (continued on next page)

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	08/15/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); and h. wound care (any skin opening requiring a dressing). -EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. -EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk. -Signs are posted in the door or wall outside the resident room indicating they type of precautions and PPE required. Review of the facility's policy titled Isolation-Initiating Transmission -Based Precautions, dated 8/2019, indicated but was not limited to: -Transmission-based precautions (TBP) may include contact precautions, droplet precautions, or airborne precautions. Findings include: 1. Resident #59 was admitted to the facility in April 2024 and diagnoses including a history of a stroke, chronic kidney disease and diabetes mellitus. Review of the Minimum Data Set assessment, dated 7/30/24, indicated Resident #59 had an indwelling urinary catheter and received tube feeding. Review of August 2024 Physician's orders indicated, but was not limited to: -Enhanced Barrier Precautions due to suprapubic tube (a thin, flexible tube that drains urine from the bladder when someone can't urinate on their own. It's inserted through a small incision in the lower abdomen, just above the pubic bone, and directly into the bladder) and G-tube (a small, flexible tube that is surgically inserted through the abdominal wall and into the stomach. It allows for the direct delivery of food, liquids, and medications to the stomach), every shift (7/30/24) On 8/8/24 at 2:40 P.M., the surveyor observed Nurse #7 in Resident #59's room handling the Resident's PEG tube and initiating tube feeding wearlng only gloves and without a gown on. Signs posted outside the Resident's room indicated that staff were to follow EBP. (continued on next page)

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	08/15/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/9/24 at 2:02 P.M., Unit Manager #1 said Nurse #7 should have worn a gown as well as gloves when providing direct care for Resident #59 because he/she is on EBP. 50740 2A. Resident #104 was admitted to the facility in May 2024 with diagnoses including persistent vegetative state, traumatic subdural hemorrhage (bleeding under the protective tissue around the brain) with loss of consciousness, and diabetes mellitus. A Minimum Data Set (MDS) Assessment completed 5/8/24 indicated that Resident #104 was in a persistent vegetative state. Review of Resident #104's Care Plan included, but was not limited to, the following: -Focus: Precautions -Goal: Maintain at all times -Interventions: Contact precautions (transmission-based precautions used for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission) 2* (secondary to) MRSA (Methicillin-resistant Staphylococcus aureus, a type of bacteria resistant to certain antibiotics that survives on skin and objects in the environment), VRE (Vancomycin-resistant Enterococci, bacteria normally found in the human intestines, female genital tract, and environment that are resistant to Vancomycin, the antibiotic often used to treat infections caused by enterococci) resp cx (respiratory culture). Review of Resident #104's referral information from an outside facility, dated 5/2/24, indicated, but was not limited to, the following: -Contact Isolation Status (2/28/24) -Infection: VRE, onset: 2/1/24 by VRE rectal screen -Infection: MRSA, onset 2/1/24 by respiratory culture/smear Review of Resident #104's Physician's Orders included, but was not limited to, the following: -Contact Precautions 2* MRSA, VRE in resp cx (7/30/24) On 8/12/24 at 11:20 A.M., the Director of Admissions and MDS Nurse #1 were observed in Resident #104's room setting up a new air mattress without personal protective equipment (PPE) on. A Contact Precautions sign posted outside of room indicating that providers and staff must perform hand hygiene and put on gloves and gown before room entry was posted on the wall next to the Resident's room doorframe and a PPE supply cart was located below the sign. (continued on next page)

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	08/15/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/12/24 at 11:27 A.M. the Director of Admissions said that Resident #104 was on Contact Precautions for positive VRE rectal swab results and that hand hygiene was required before entering room and upon leaving room if not making contact with resident/environment. MDS Nurse #1 said that a gown and gloves should be worn if providers/staff were touching items in the room or providing care to the resident and that PPE was available outside of the room. 46562 2B. Review of the Centers for Disease Control and Prevention (CDC) Contact Precautions Sign in use by the facility and posted on the doorframe of Resident #1a's room, titled Contact Precautions, indicated but was not limited to the following: -Everyone Must: clean their hands, including before entering and when leaving the room -providers and staff must also: put on gloves before room entry and discard gloves before room exit, put on gown before room entry and discard gown before room exit On 8/12/24 at 3:37 P.M., the surveyor observed Maintenance Staff #1 enter Resident #1A's room with a maintenance cart without performing hand hygiene or donning PPE. A contact precaution sign was posted on the doorframe and a PPE bin was present outside of the room. On 8/13/24 at 9:54 A.M., Lab Technician #1 was observed in Resident #1A's room drawing his/her blood. The Lab Technician was not wearing a gown. A contact precaution sign was posted on the doorframe and a PPE bin was present outside of the room. During an interview on 8/13/24 at 9:59 A.M., the Lab Technician said if she needed to put on PPE the nurses would tell her before she went in and or there was a sign indicating that precautions were needed. The surveyor and the lab technician reviewed the sign posted on the doorframe and the lab technician said the nurses had not mentioned donning PPE for that resident. During an interview on 8/13/24 at 10:00 A.M., the Assistant Director of Nurses (ADON) said Resident #1A required contact precautions and the sign on the doorframe indicated that to staff, consultants and visitors. The ADON said if someone was going to have contact with the Resident or his/her belongings a gown and glove should be donned. The ADON said the Lab Technician should have been wearing a gown. 3. Review of the Centers for Disease Control and Prevention (CDC) Isolation/Droplet Contact Precautions Sign in use by the facility and posted on the doorframe of Resident #74's room, indicated but was not limited to the following: Staff and providers must: clean their hands when entering and exiting the room, wear a gown, N95 respirator mask, eye protection (face shield or goggles), and gloves when 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
	225356	A. Building B. Wing	08/15/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/14/24 at 8:24 A.M., the surveyor observed Nurse # 9 enter Resident #74's room without donning (putting on) PPE. An isolation precaution sign was posted on the doorframe and a PPE bin was present outside of the room. An additional sign indicating that one should make sure their eyes, nose and mouth were fully covered before room entry and remove before room exit. Upon exiting the room Nurse #9 said she had just administered Resident #74's medication and that she was unsure of why Resident #74 had an isolation precaution sign posted on his doorframe and she did not get anything in report about it. Nurse #9 said Resident #74 had a respiratory infection about one month ago but she did not see anything to indicate that he/she was currently on precautions. Nurse #9 said it may have been the wrong sign or for a previous patient. During an interview on 8/13/24 at 8:50 A.M., Certified Nursing Assistant (CNA) #6 said Resident #74 was on isolation precautions related to Methicillin-Resistant Staphylococcus Aureus (MRSA, a type of bacteria resistant to certain antibiotics) in his/her nares and required gloves, gown, eye protection and a mask prior to room entry. During an interview on 8/13/24 at 10:00 A.M., the Assistant Director of Nurses (ADON) said staff should know to implement transmission-based precautions based on the signs posted on the doorframe. The ADON said the expectation was for precaution signs to be followed as posted.