| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 225357 | A. Building<br>B. Wing | 02/06/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Winchester Rehabilitation and Nursing Center | 223 Swanton Street, #1968<br>Winchester, MA 01890 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure medication error rates are not 5 percent or greater.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and records reviewed, the facility failed to ensure it was free from a medication error rate of greater than 5% when one out of four nurses observed made six errors out of 25 opportunities resulting in a medication error rate of 24 %. Those errors impacted one Resident (#94) out of nine residents observed.Findings include:Review of the facility's policy titled Administering Medication, dated as revised May 2025, indicated the following:- Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice. In a manor to prevent contamination or infection.11. Compare medication source (bubble pack, vial, etc.) with MAR (Medication Administration Record) to verify resident name, medication name, form, dose, route, time.b. Administer mediation as ordered in accordance with manufacturer specifications. 1. For Resident #94, Nurse #1 administered medications two hours and 36 minutes after their scheduled time.Resident #94 was admitted to the facility in January 2026 with diagnoses including chronic diastolic congestive heart failure (CHF-heart does not pump blood effectively), chronic respiratory failure with hypoxia (low oxygen levels), type two diabetes mellitus, interstitial pulmonary disease (difficulty breathing), peripheral vascular disease (narrow arteries), chronic kidney disease severe stage four, essential primary hypertension (high blood pressure), and hyperkalemia (low potassium levels), and cardiac pacemaker (medical device to help regulate the heart). Review of the most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated the Resident scored 11 out of 15 on the Brief Interview for Mental Status (BIMS) exam, indicating he/she as having moderate cognitive impairment. The MDS further indicated the resident required partial assistance from staff for all activities of daily living.On 2/6/26 at 11:36 A.M., Nurse #1 prepared and administered the following medications for Resident #94:- NIFEdipine ER Oral Tablet Extended Release 24 Hour 90 MG (Nifedipine) Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION. Hold for Systolic BP (blood pressure) less than 100. Medication scheduled daily for 9:00 A.M.- NovoLIN N Subcutaneous Suspension 100 UNIT/ML (Insulin NPH (Human) (Isophane). Inject 16 unit subcutaneously (in fatty tissue) one time a day related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS. Medication scheduled daily for 9:00 A.M.- Sodium Polystyrene Sulfonate Combination Suspension 15 GM (gram)/60ML (milliliters) (Sodium Polystyrene Sulfonate) Give 15 gram(s) by mouth one time a day every Mon, Wed, Fri related to HYPERKALEMIA. 60ml=15gm every Monday, Wednesday, and Friday. Medication scheduled for 9:00 A.M.- Breyna Inhalation Aerosol 80-4.5 MCG/ACT (microgram) (Budesonide-Formoterol Fumarate Dihydrate) 2 puff inhale orally two times a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED. *Rinse mouth after use. Medication scheduled for 9:00 A.M.During the medication administration Nurse #1 failed to wait 10 seconds between sprays and failed to shake the Breyna inhaler for 5 seconds before delivering the second spray, according to the manufacturer's directions. - Carvedilol Oral Tablet 25 MG (Carvedilol) Give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION. Hold for Systolic BP (blood pressure) less than 100 or heart rate less than 55. Medication scheduled for 9:00 A.M.- Cefpodoxime Proxetil Oral Tablet 100 MG. (milligrams) (Cefpodoxime Proxetil). Give 1 tablet by (continued on next page) |

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

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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|---|---|
| F 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | mouth two times a day related to PNEUMONIA, UNSPECIFIED ORGANISM for 7 Days. Medication scheduled for 9:00 A.M. Review of the manufacture's guidelines for SPS (Sodium Polystyrene Sulfonate) Suspension indicated the following: -Dosage and Administration Administer sodium polystyrene sulfonate suspension at least 3 hours before or 3 hours after other oral medications. Sodium polystyrene sulfonate suspension may bind orally administered medications, which could decrease their gastrointestinal absorption and lead to reduced efficacy. Administer other oral medications at least 3 hours before or 3 hours after sodium polystyrene sulfonate suspension.During an interview on 2/6/26 at 11:58 A.M., Nurse #1 said she was late administering medications because the unit was busy and she needed to stop the medication pass to hand out meal trays. Nurse #1 said medications should be given at the time ordered by the physician, or one hour prior or one hour later than the scheduled time. Nurse #1 said nursing staff are required to notify the Nurse Practitioner or Physician if medications are given more than one hour late, but she did not. Nurse #1 said she should have administered the Breyna inhaler according to the directions.ˆDuring an interview on 2/6/26 at 12:53 P.M., Unit Manager #1 said nursing staff must administer the medications as ordered and within one hour of the scheduled time. Unit Manager #1 said staff should not delay administering medications due to passing meal trays and said she would expect staff to report to the unit manager or supervisor if medications are behind. Unit Manager #1 said staff are required to inform the Nurse Practitioner or Physician if a medication is not given as ordered. During an interview on 2/6/26 at 12:57 P.M. Nurse Practitioner #1 said insulin and blood pressure medications must administered as ordered and said a delay in administration of these medications could cause the Resident to have poor glycemic control and blood pressure issues. NP #1 said antibiotics should be administered as ordered and said she was not made aware of the missed medications and said dose adjustments may be indicated if a second dose is due. During an interview on 2/6/26 at 1:25 P.M., the Director of Nurses (DON) said nursing staff must administer medications according to the physician order and said medications not administered within the correct time frame must be documented and reported to the physician. The DON said medications must be given according to the manufacturers guidelines and said not administering the medications timely can cause the residents to not receive the medications correctly. |

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|---|---|
| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interview the facility failed to ensure weights were obtained for one Resident (#12), resulting in the delay of identifying a weight loss, assessing the weight loss, and implementing interventions to prevent further weight loss, out of a total sample of 30 residents. Findings include:Review of the facility policy titled Weight Monitoring, dated as May 2025 indicated the following:1. The facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes:a. Identifying and assessing each resident's nutritional status and risk factors. b. Evaluating/analyzing the assessment information.c. Developing and consistently implementing pertinent approaches.d. Monitoring the effectiveness of interventions and revising them as necessary.5. Weight monitoring schedule will be developed upon admission for all residents:c. Residents with weight loss - monitor weight weekly.6. Weight Analysis: The newly recorded resident weight should be compared to the previously recorded weight. A significant change in weight is defined as: a. 5% change in weight in 1 month (30 days).b. 7.5 % change in weight in 3 months (90 days).c. 10% change in weight in 6 months (180 days).Resident #12 was admitted to the facility in October 2025 with diagnoses including diabetes mellitus with diabetic chronic kidney disease, hyperlipidemia, gastro esophageal reflux disease, deficiency of other vitamins and vascular dementia.Review of the most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated the Resident is rarely/never understood and was unable to participate in a Brief Interview for Mental Status (BIMS) score. The MDS further indicated the Resident required assistance of staff for all activities of daily living. Review of Resident #12's's weights summary indicated the following:9/18/25: 145.4 lbs. (pounds)9/23/25 144.8 lbs. 9/25/25 144.6 lbs.9/30/25 144.6 lbs.10/15/25 139.7 lbs.11/5/25 140.0 lbs.11/12/25 142.0 lbs.11/20/25 141.0 lbs.12/3/25 143.0 lbs. 1/15/26 126.2 lbs. (a loss of 11.68 % of his/her total body weight since 12/3/25)1/23/26 142.5 lbs. (weight was struck out) incorrect documentation.2/3/26 126.0 lbs.Review of Resident #12's Quarterly Nutrition assessment dated [DATE] was completed two days prior to Resident #12's documented weight loss and no additional dietary assessment was completed.Review of the facility Risk Notes dated 1/22/26, indicated a reweight was requested for Resident #12; the clinical record failed to indicate a re-weigh was completed or that Resident #12's weight change was reviewed at any risk meetings. Resident #12 was hospitalized on [DATE], (after his/her weight loss) and the hospital discharge records indicated the Residents weight was 126 lbs. Review of Resident #12's Nutrition care plan dated as last revised 1/14/26, indicated the following:Resident is at potential for alteration in nutrition d/t h/o (due to history of) DM (diabetes mellites), Dementia, with altered labs: BS (blood sugar) warranting therapeutic diet restriction.-Dietician consult as needed. Dated 1/14/26.-Monitor po (by mouth), wts (weights), labs and skin.During an interview on 2/6/26 at 8:57 A.M., Certified Nursing Assistant (CNA) #1 said the Unit Manager will give the CNA'S a list of weights to obtain and said weights are given to the Nurses to enter into the computer and if a re-weight is needed the Nurses or Unit Manager will let the CNA's know. During an interview on 2/6/26 at 8:58 A.M., Unit Managre (UM) #1 said a list is given to the CNA's for weights that are needed and the nursing staff will enter them into the electronic medical record. UM #1 said weights are discussed at the Risk meeting weekly and if a reweight is needed it is obtained and the dietician is notified.During an interview on 2/6/26 at 12:11 P.M., the Dietitian said usually staff will inform her of any weight loss so they can be assessed. The Dietician said Resident #12's Quarterly Nutrition Assessment was completed two days prior to the documented weight loss. The Dietician said she would have reviewed orders and lifted any diet restrictions and said even though Resident #12's previous weight was 143 lbs., his/her weight was above ideal body range, and she would still review and assess the resident's status. |

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| Winchester Rehabilitation and Nursing Center | 223 Swanton Street, #1968<br>Winchester, MA 01890 |

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|---|---|
| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, records reviewed, and interview, the facility failed to ensure residents were free of significant medication errors for four Residents (#94, #126, #86 and #51), out of a total sample of 30 residents. Specifically, 1. For Resident #94, during the medication pass observation, the facility failed to administer 9:00 A.M., medications in accordance with the physician's order, resulting in Resident #94 receiving medications two hours and 36 minutes after the scheduled time.2. For Resident #126, the facility failed to administer 9:00 A.M., medications in accordance with the physician's order.3. For Resident #86, the facility failed to administer 9:00 A.M., medications in accordance with the physician's order.4. For Resident #51, the facility failed to administer 9:00 A.M., medications in accordance with the physician's order.Findings include:Review of the facility's policy titled Administering Medication, dated as revised May 2025, indicated the following:- Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice. In a manor to prevent contamination or infection.11. Compare medication source (bubble pack, vial, etc.) with MAR (Medication Administration Record) to verify resident name, medication name, form, dose, route, time. b. Administer medications as ordered in accordance with manufacturer specifications. 1. For Resident #94, Nurse #1 administered medications two hours and 36 minutes after the scheduled dose time.Resident #94 was admitted to the facility in January 2026 with diagnoses including chronic diastolic congestive heart failure (CHF-heart does not pump blood effectively), chronic respiratory failure with hypoxia (low oxygen levels), type two diabetes mellitus, interstitial pulmonary disease (difficulty breathing), peripheral vascular disease (narrow arteries), chronic kidney disease severe stage four, essential primary hypertension (high blood pressure), and hyperkalemia (low potassium levels), and cardiac pacemaker (medical device to help regulate the heart). Review of the most recent Minimum Data Set Assessment (MDS) dated [DATE] indicated the Resident scored 11 out of 15 on the Brief Interview for Mental Status (BIMS) exam, indicating he/she as having moderate cognitive impairment. The MDS further indicated the Resident required partial assistance from staff for all activities of daily living.On 2/6/26 at 11:36 A.M., Nurse #1 prepared and administered the following medications as ordered by the physician for Resident #94 - Nifedipine ER Oral Tablet Extended Release 24 Hour 90 MG (Nifedipine). Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION. Hold for Systolic BP (blood pressure) less than 100. Medication scheduled daily for 9:00 A.M.- Novolin N Subcutaneous Suspension 100 UNIT/ML (Insulin NPH (Human) (Isophane). Inject 16 unit(s) subcutaneously (in fatty tissue) one time a day related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS. Medication scheduled daily for 9:00 A.M.- Carvedilol Oral Tablet 25 MG (Carvedilol) Give 1 tablet by mouth two times a day related to ESSENTIAL (PRIMARY) HYPERTENSION. Hold for Systolic BP less than 100 or heart rate less than 55. Medication scheduled for 9:00 A.M.- Cefpodoxime Proxetil Oral Tablet 100 MG. (milligrams) (Cefpodoxime Proxetil). Give 1 tablet by mouth two times a day related to PNEUMONIA, UNSPECIFIED ORGANISM for 7 Days. Medication scheduled for 9:00 A.M.- Sodium Polystyrene Sulfonate Combination Suspension 15 GM (gram)/60ML (milliliters) (Sodium Polystyrene Sulfonate). Give 15 gram by mouth one time a day every Mon, Wed, Fri related to HYPERKALEMIA. 60ml=15gm every Monday, Wednesday, and Friday. Medication scheduled for 9:00 A.M.Review of the manufacture's guidelines for SPS (Sodium Polystyrene Sulfonate) Suspension indicated the following: -Dosage and Administration Administer sodium polystyrene sulfonate suspension at least 3 hours before or 3 hours after other oral medications. Sodium polystyrene sulfonate suspension may bind orally administered medications, which could decrease their gastrointestinal absorption and lead to reduced efficacy. Administer other oral medications at least 3 hours before or 3 hours after sodium polystyrene sulfonate suspension.During an interview on 2/6/26 at 11:58 A.M., Nurse #1 said she was late<br>(continued on next page) |

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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | administering medications because the unit was busy and she needed to stop the medication pass to hand out meal trays. Nurse #1 said medications should be given at the time ordered by the physician, or one hour prior or one hour later than the scheduled time. Nurse #1 said nursing staff are required to notify the Nurse Practitioner or Physician if medications are given more than one hour late, but she did not. Nurse #1 said she is behind on several residents and said she is unable to administer medications because she needs to stop to pass out lunch trays. Review of the facility electronic medical record at 12:35 P.M., indicated Nurse #1 was more than two hours behind on her assignment for four Residents. During a follow up interview on 2/6/26 at 12:44 P.M., Nurse #1 said she still has not administered all of her morning medications and said she will get to them soon as she was busy passing out lunch trays and is not supposed to pass medications during lunch. During an interview on 2/6/26 at 12:53 P.M., Unit Manager #1 said nursing staff must administer the medications as ordered and within one hour of the scheduled time. Unit Manager #1 said staff should not delay administering medications due to passing meal trays and said she would expect staff to report to the unit manager or supervisor if medications are behind. Unit Manager #1 said staff are required to inform the Nurse Practitioner or Physician if a medication is not given as ordered and said missing the medications could cause significant harm to the resident if not administered appropriately.During an interview on 2/6/26 at 12:57 P.M. Nurse Practitioner #1 said insulin and blood pressure medications must be administered as ordered and said a delay in administration of these medications could cause the Resident to have poor glycemic control and blood pressure issues. NP #1 said antibiotics should be administered as ordered and said she was not made aware of the missed medications and said dose adjustments may be indicated if a second dose is due. During an interview on 2/6/26 at 1:25 P.M., the Director of Nurses (DON) said nursing staff must administer medications according to the physician order and said medications not administered within the correct time frame must be documented and reported to the physician. The DON said medications must be given according to the manufacturers guidelines and said not administering the medications timely can cause a delay in treatment and adverse outcomes as the resident requires insulin, blood pressure medications and antibiotics 2. For Resident #126, the facility failed to administer 9:00 A.M., medications in accordance with the physician's order. Resident #126 was admitted to the facility in February 2026 with diagnoses including hypertension (high blood pressure), congestive heart failure (CHF-heart does not pump blood effectively), atrial fibrillation (A-Fib/ abnormal heart rhythm), dilatated cardiomyopathy (disease of the heart), and methicillin resilient staphylococcus (MRSA-bacteria resistant to many antibiotics).Review of Resident #126's active physician orders indicated the following medications were due at 9:00 A.M.:- Digoxin Oral Tablet 125 MCG (micrograms). Give 1 tablet by mouth in the morning for A-Fib *Hold for HR less than 60*. Medication used to treat A-Fib and CHF. - Furosemide Oral Tablet 20 MG (milligrams). Medication used for congestive heart failure. - Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG. Medication used to treat high blood pressure.- Apixaban Oral Tablet 5 MG. Medication used for A-Fib.- Doxycycline Hyclate Oral Tablet 100 MG. Medication used for MRSA bacteremia.Review of the Medication Administration Record (MAR) on 2/6/26 at 12:40 P.M., failed to indicate the medications were administered. Further review of the medical record failed to indicate the medications were refused. During an interview on 2/6/26 at 12:47 P.M., Nurse #1 said she has not administered the medications to Resident #126 because she is running late and is behind on her medication pass. Nurse #1 said she did not notify the physician. 3. For Resident #86, the facility failed to administer 9:00 A.M., medications in accordance with the physician's order. Resident #86 was admitted to the facility in November 2025 with diagnoses including type two diabetes mellitus, chronic obstructive pulmonary disease (COPD- lung disease), heart failure, unspecified atrial flutter (abnormal heart rhythm), chronic systolic congestive heart failure (CHF-heart does not pump blood effectively, essential primary hypertension (high blood pressure), major depressive disorder and anxiety. Review of Resident #86's active physician orders indicated the following medications were due at 9:00 A.M.-Cymbalta (Duloxetine HCl) Oral Capsule<br>(continued on next page) |

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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Delayed Release Particles 60 MG. Medication used for Major Depressive Disorder. -Furosemide Oral Tablet 40 MG. Medications used for chronic systolic (congestive) heart failure. -Losartan Potassium Oral Tablet 25 MG. Medication used for essential (primary) hypertension. -Metformin HCl Oral Tablet 500 MG. Medication used for type two diabetes mellitus. -Spironolactone Oral Tablet 25 MG. Medication used for chronic systolic (congestive) heart failure. -Toprol XL (Metoprolol Succinate) Oral Tablet Extended Release 24 Hour 50 MG. Medication used for essential (primary) hypertension. -Apixaban Oral Tablet 5 MG (Apixaban). Medication used for unspecified atrial flutter. Review of the Medication Administration Record (MAR) on 2/6/26 at 12:40 P.M., failed to indicate the medications were administered. Further review of the medical record failed to indicate the medications were refused. During an interview on 2/6/26 at 12:48 P.M., Nurse #1 said she has not administered the medications to Resident #86 because she is running late and is behind on her medication pass. Nurse #1 said she did not notify the physician. 4. For Resident #51, the facility failed to administer 9:00 A.M., medications in accordance with the physician's order. Resident #51 was admitted to the facility in December 2025 with diagnoses including acute respiratory failure with hypoxia (low oxygen levels in blood), unspecified asthma (lung disease), type two diabetes mellitus, unspecified atrial fibrillation (A-Fib-abnormal heart rhythm), enterocolitis (inflammation of the intestines) due to clostridium difficile (bacteria causing diarrhea), pneumonia, essential primary hypertension (high blood pressure), acute embolism and thrombosis of right peroneal vein (blood clot in the lower leg), anemia (low red blood cells), peripheral vascular disease (narrow arteries), and myocarditis (inflammation of the heart). Review of Resident #51's active physician orders indicated the following medications were due at 9:00 A.M.:- Apixaban Oral Tablet 5 MG. Medication used for chronic embolism and thrombosis of right peroneal vein. -Toprol XL (Metoprolol Succinate) Oral Tablet Extended Release 24 Hour 100 MG. Medication used for unspecified atrial flutter. -Vancomycin HCl Oral Capsule 125 MG. Medication used for enterocolitis due to clostridium difficile. Review of the Medication Administration Record (MAR) on 2/6/26 at 12:40 P.M., failed to indicate the medications were administered. Further review of the medical record failed to indicate the medications were refused. During an interview on 2/6/26 at 12:49 P.M., Nurse #1 said she has not administered the medications to Resident #51 because she is running late and is behind on her medication pass. Nurse #1 said she did not notify the physician. During an interview on 2/6/26 at 12:54 P.M., Unit Manager #1 said staff must administer the medications as ordered and medications should be administered within one hour before or after the scheduled time. Unit Manager #1 said Nurses should not delay administering medications due to passing meal trays and said she would expect the Nurse to report to the unit manager or supervisor if medications are behind. Unit Manager #1 said the Nurse Practitioner or Physician needs to be notified if a medication is not given as ordered and said missing the medications could cause significant harm to the resident if not administered appropriately and within specific. During an interview on 2/6/26 at 12:58 P.M. Nurse Practitioner #1 said insulin, blood pressure medications, cardiac medications and psychotropic medications must administered as ordered and said a delay in administration of these medications could cause the Residents to have a negative outcome if medication doses are missed or given too close together. NP #1 said antibiotics should be administered as ordered and said she was not made aware of the missed medications and said dose adjustments may be indicated if a second dose is due. During an interview on 2/6/26 at 1:26 P.M., the Director of Nurses (DON) said nurses must administer medications according to the physician order and said medications not administered within the correct time frame must be documented and reported to the physician. The DON said medications must be given according to the manufacturers guidelines and said not administering the medications timely can cause a delay in treatment and adverse outcomes. |