

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 08/27/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>225369                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>03/24/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Jml Care Center Inc                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>184 Ter Heun Drive<br>Falmouth, MA 02540 |                                                 |
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| F 0883<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on interview and record review, the facility failed to ensure up to date pneumococcal immunizations were offered and/or administered after consent had been obtained for 4 out of 5 Residents (#7, #5, #48, and #99) reviewed for immunizations. Findings include: Review of the facility's policy titled 2026 Infection Control Plan, dated as last revised 12/2025, indicated the need for Pneumococcal vaccines will be assessed for all residents and offered if needed. Staff will offer up to date vaccines when available. Licensed staff will follow the Centers for Disease Control and Prevention (CDC) and the Association for Professionals in Infection Control (APIC) guidelines for all vaccines. Review of the facility's policy titled Pneumococcal Immunization Program, undated, indicated the facility follows CDC's Advisory Committee on Immunization Practices (ACIP) and Massachusetts Department of Public Health (MDPH) and the ACIP recommends all persons living in a long-term care (LTC) facility are assessed for and receive the pneumococcal immunization if eligible. The Infection Control Preventionist (IP) maintains a list of residents on each unit with their vaccination status. A. Resident #7 was admitted to the facility in March 2022. Review of the medical record indicated he/she was not offered additional vaccination, and the last pneumococcal vaccinations on file were 12/1/15 and 5/10/23. B. Resident #5 was admitted to the facility in October 2023. Review of the medical record indicated he/she was offered the pneumococcal vaccination, and his/her Health Care Proxy (HCP) signed the consent for vaccination on 6/3/25. There was no vaccination history on file. C. Resident #48 was admitted to the facility in December 2023. Review of the medical record indicated he/she was offered the pneumococcal vaccination, and they signed the consent for vaccination on 8/15/25. There was no vaccination history on file. D. Resident #99 was admitted to the facility in February 2024. Review of the medical record indicated he/she was offered the pneumococcal vaccination, and they signed the consent for vaccination on 8/15/25. The last pneumococcal vaccination on file was 9/10/20. During an interview on 3/24/26 at 9:30 A.M., the IP said Residents #7, #5, #48, and #99 were not up to date, had not been offered and/or administered the pneumococcal vaccination or additional doses if eligible. She said they should have been offered it as they were eligible per the CDC recommendations and those with consents should have been administered the vaccination. She said they needed to set up a clinic because a lot of residents in the facility are eligible and have not been offered the updated vaccine. She said she thinks they had been offering it on admission but then there was not any follow up. During an interview on 3/24/26 at 11:30 A.M., the Director of Nurses said the facility had done a FLU clinic in the fall but did not offer the Pneumonia vaccines at that time. She said the vaccines should be offered on admission, reviewed quarterly at care plan meetings, or at least annually to see if they are up to date, and then offered new vaccines as they become available, if eligible. She said she did not know what the vaccination tracking and offering plan was or why it was not done. She said these residents are not up to date and should have been offered and/or administered an updated pneumococcal vaccine once they consented to receive it.</p> |                                                                                       |                                                 |

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

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0887</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on interview and record review, the facility failed to offer the COVID-19 2025/2026 vaccination when it became available to 4 out of 5 Residents (#7, #5, #48, and #99) reviewed for immunizations. Findings include: Review of the facility's policy titled 2026 Infection Control Plan, dated as last revised 12/2025, indicated the need for COVID-19 vaccines will be assessed for all residents and offered if needed. Staff will offer up to date vaccines when available. Licensed staff will follow the Centers for Disease Control and Prevention (CDC) and the Association for Professionals in Infection Control (APIC) guidelines for all vaccines. Review of the facility's policy titled COVID-19 Vaccinations, dated as last revised 11/2023, indicated residents are protected from COVID-19 disease by vaccination per the CDC, Centers for Medicare and Medicaid Services (CMS), and Massachusetts Department of Public Health (MDPH) guidelines and all residents will be assessed as new COVID-19 vaccines are authorized for use. Residents who may not have been fully vaccinated may be vaccinated during scheduled vaccination clinics and by provider authorization. All residents will be educated on the benefits and potential side effects of COVID-19 vaccination. The Infection Control Preventionist (IP) maintains a list of residents on each unit and monitors vaccination rates. A. Resident #7 was admitted to the facility in March 2022. Review of the medical record indicated he/she was not offered the COVID-19 2025/2026 vaccination and the last COVID-19 vaccination on file was 10/22/24. B. Resident #5 was admitted to the facility in October 2023. Review of the medical record indicated he/she was not offered the COVID-19 2025/2026 vaccination and the last COVID-19 vaccination on file was 11/22/24. C. Resident #48 was admitted to the facility in December 2023. Review of the medical record indicated he/she was not offered the COVID-19 2025/2026 vaccination and the last COVID-19 vaccination on file was 11/22/24. D. Resident #99 was admitted to the facility in February 2024. Review of the medical record indicated he/she was not offered the COVID-19 2025/2026 vaccination, had declined the 2024/2025 vaccination, and had no COVID-19 vaccination history in file. During an interview on 3/24/26 at 9:30 A.M., the IP said Residents #7, #5, #48, and #99 were not up to date, had not been offered the COVID-19 2025/2026 vaccination, and they should have been offered it as it has been available since 2025. She said they needed to set up a clinic because a lot of residents in the facility are eligible and have not been offered the vaccine. During an interview on 3/24/26 at 11:30 A.M., the Director of Nurses said the facility had done a FLU clinic in the fall but did not offer the COVID-19 vaccines at that time. She said the vaccines should be offered on admission, reviewed quarterly at care plan meetings, or at least annually to see if they are up to date, and then offered new vaccines as they become available if eligible. She said she did not know what the vaccination tracking and offering plan was or why these Residents were not offered the vaccine. She said these Residents are not up to date and should have been offered the COVID-19 2025/2026 vaccine when it became available last year.</p> |                                                                                       |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on document review and interview, the facility failed to notify the Health Care Proxy (HCP- health care agent designated by the resident when competent who has the authority to consent for health care decisions when a resident has been declared, by a physician, not to be competent to make his/her own health care decisions) in a timely manner when the Resident was found ingesting pieces of a Styrofoam plate resulting in a need to alter the plan of care to reduce the risk of reoccurrence, for one Resident (#8), out of a total sample of 19 residents. Findings include: Review of the facility's policy titled Change in a Resident's Condition or Status, dated as revised February 2021, indicated but was not limited to the following: Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. -A nurse will notify the resident's representative when: a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source. b. There is a significant change in the residents' physical, mental, or psychosocial status. -Notifications will be made within twenty-four (24) hours of a change occurring in the residents' medical/mental condition or status. -Regardless of the resident's current mental or physical condition, a nurse or healthcare provider will inform the resident of any changes in his/her medical care or nursing treatments. Resident #8 was admitted to the facility in November 2024 and had diagnoses including Alzheimer's disease, and dementia. Review of the Minimum Data Set (MDS) assessment, dated 2/10/26, indicated Resident #8 scored 4 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was severely cognitively impaired and had an activated Health Care Proxy. Review of Resident #8's progress notes indicated on 3/17/26 at 2:26 P.M., he/she was evaluated by Nurse Practitioner (NP) #1 for ingestion of a non-food item. NP #1 documented no acute distress, he/she may have ingested part of a Styrofoam plate and if Resident experiences any distress, he/she has Lorazepam (anxiety medication) and Morphine (pain medication) available. Further review of Resident #8's progress notes indicated on 3/17/26 at 3:18 P.M., Nurse #4 documented the Resident was found coughing up large chunks of a Styrofoam plate at lunchtime. The record failed to indicate the Resident's HCP (Family Member #1) was notified of the incident. Review of the Interdisciplinary Therapy Screen Request Form, dated 3/17/26, indicated but was not limited to the following: -All non-food items shall be removed from food tray for safety. Review of the dietary ticket indicated special instructions that read: Please do not send condiments, packets, creamers, butters or napkins on tray. During an interview on 3/23/26 at 11:31 A.M., Family Member #1 said she was never notified Resident #8 was found coughing up large chunks of Styrofoam and required evaluation by the NP. She said she was not aware that all non-food items have been removed from Resident #8's food tray. She said the facility does communicate with her but did not mention this incident. During an interview on 3/23/26 at 2:56 P.M., Nurse #4 said when an incident or change of condition occurs the physician or NP and the HCP should be made aware. She said she did not notify the HCP because she thought the Unit Manager (UM) did. During an interview on 3/23/26 at 3:26 P.M., UM #2 said she notified Resident #8's HCP today that he/she may have ingested some Styrofoam during a meal and all non-food items have been removed from the meal trays. She said the HCP should have been notified of the incident and updated interventions the day it happened. During an interview on 3/24/26 at 10:50 A.M., the Director of Nursing (DON) reviewed Resident #8's medical record and said there was no documentation to indicate the HCP had been notified of Resident #8 coughing up Styrofoam and removal of all non-food items from meal trays until yesterday, six days after the incident occurred. She said the HCP should have been informed when it happened.</p> |                                                                                       |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on document review and interviews, the facility failed to ensure that individualized, comprehensive care plans were reviewed and revised for one Resident (#8), out of 19 sampled residents. Specifically, the facility failed to ensure the care plan was revised to reflect removal of all non-food items from meal tray after the Resident was found ingesting a Styrofoam plate. Findings include: Review of the facility's policy titled Care Plans, Comprehensive Person-Centered, last revised March 2022, indicated but was not limited to:-The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.-The comprehensive, person-centered care plan:-Describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including-Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.-The interdisciplinary team reviews and updates the care plan:-When there has been a significant change in the residents' condition Resident #8 was admitted to the facility in November 2024 and had diagnoses including Alzheimer's disease, and dementia. Review of the Minimum Data Set (MDS) assessment, dated 2/10/26, indicated Resident #8 scored 4 out of 15 on the Brief Interview for Mental Status (BIMS) indicating he/she was severely cognitively impaired, and had an activated Health Care Proxy. Review of the Interdisciplinary Therapy Screen Request Form, dated 3/17/26, indicated but was not limited to the following:-All non-food items shall be removed from food tray for safety. Review of the dietary ticket indicated special instructions that read: Please do not send condiments, packets, creamers, butters or napkins on tray. Review of the Physician's Orders indicated Resident #8 had a diet order for a ground diet, may omit diet restrictions on special occasions, may supplement per dietitian's recommendations. No further dietary instructions were indicated. Review of comprehensive care plans indicated, but was not limited to:-Focus: Potential/Actual Alteration in Nutritional Status (11/27/24)-Goals: No choking, no aspiration episodes (11/27/24)-Interventions: Diet as ordered house ground diet with thin liquids (11/27/24); Obtain food preferences (11/27/24); Monitor and encourage intake of food/fluids (11/27/24); Registered Dietitian (RD) to monitor nutritional status (11/27/24); Speech Language Pathologist (SLP) eval as needed (11/27/24); Follow safe swallowing guidelines as outlined by SLP (11/27/24); Monitor appropriate labs as ordered (11/27/24); Adaptive equipment: lidded cup for all liquids, lip plate (1/13/25) Further review of the Resident's care plans failed to indicate the care plan was revised to reflect removal of all non-food items from meal trays. Review of the Certified Nursing Assistants (CNA) care card failed to indicate removal of all non-food items from meal trays. During an interview on 3/23/26 at 1:01 P.M., the Food Service Director (FSD) said diet updates are pulled over to the meal tickets from the physician's orders. The FSD said updates also come from the Interdisciplinary Team (IDT) via an email chain. The FSD said she received an email on 3/17/26 to remove all non-food items from Resident #8 meal trays, and she updated the meal ticket on 3/17/26. During an interview on 3/23/26 at 2:35 P.M. Unit Manager (UM) #2 said Resident #8 was observed coughing up pieces of a Styrofoam plate during lunch on 3/17/26. UM #2 said she is part of the IDT email chain and should have updated Resident #8's care plan and the CNA care card to reflect the removal of non-food items on meal trays. She said that is where the CNAs and nurses obtain the information, and it is not there. During an interview on 3/24/26 at 10:50 A.M., the Director of Nursing (DON) reviewed Resident #8's care plan and said the care plan was not accurate and should have been revised to include removal of all non-food items from meal trays.</p> |                                                                                       |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>225369                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>03/24/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Jml Care Center Inc                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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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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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, document review, and interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment for two Residents (#104 and #120), out of a total sample of 19 residents. Specifically, the facility failed to:1. Ensure the correct personal protective equipment (PPE) was used when staff provided care and services for Resident #104 who was on isolation precautions for COVID-19; and2. Adhere to standard infection control practices including hand hygiene in between glove changes and practices on disinfecting the hub connector during connecting or flushing the peripherally inserted central line catheter (PICC) for Resident #120. Findings include:1. Review of the facility's policy titled 2026 Infection Control Plan, dated as revised December 2025, indicated but was not limited to the following:-Use of PPE is based on Centers for Disease Control and Prevention (CDC) and Massachusetts (MA) Department of Public Health (DPH) guidance. Review of the sign in use by the facility titled Isolation, updated 1/22/26, indicated but was not limited to the following:STOP: Isolation, In addition to Standard Precautions, Staff and Providers MUST:-N95 respirator (facemask acceptable if N95 not available)-Eye protection (goggles or face shield) Resident #104 was admitted to the facility in March 2026 and had diagnoses including cough, COVID-19, and fever.Review of the Physician's Orders for Resident #104 indicated, but was not limited to:-Maintain isolation precautions every shift due to positive COVID on 3/18/26, all services provided in room. (3/18/26) During an observation with interview on 3/19/26 at 3:19 P.M., the surveyor observed Certified Nurse Aide (CNA) #2 enter Resident #104's room without donning (putting on) an N95 respirator or eye protection (eye goggles or face shield). Upon observation of the PPE bin directly outside the room, used by the CNA to don her gown and gloves, two different types of N95 respirators were available, as well as face shields and one set of reusable goggles. Above the PPE storage bin, the Isolation sign was prominently displayed and observed. At 3:26 P.M., CNA #2 exited Resident #104's room. She reviewed the isolation sign with the surveyor and said she was supposed to put on an N95 mask and face shield but did not. She said the cart had them available, but she finds they impede her ability to write and see as clearly as she needs to. She said she should have followed the sign and wore both an N95 and eye protection. During an interview on 3/20/26 at 8:06 A.M., the Director of Nurses (DON) said the expectation is that staff are following the precaution signs posted outside of the rooms for PPE use and CNA #2 should have worn both an N95 and eye protection in accordance with the posted isolation sign. 2. Review of the facility's policy titled 2026 Infection Control Plan, dated as revised December 2025, indicated but was not limited to the following:-Gloves will be worn by all during resident contact, as indicated by individual resident health status or unit precautions; hand hygiene will be required after doffing (removing) gloves by staff. Review of the facility's policy titled Maintaining Patency of Peripheral and Central Vascular Access Devices, dated 10/24, indicated but was not limited to the following:- don gloves, disinfect needleless connector with alcohol swab Review of the Journal for Infusion Nursing, dated January 2024, provided by the facility as their standard, indicated but was not limited to the following regarding disinfection of needleless connectors:-Perform active disinfection by vigorous mechanical scrub using a flat swab pad containing 70% isopropyl alcohol-recent studies show varied effectiveness of scrub times between 5 and 15 seconds with 70% alcohol Resident #120 was admitted to the facility in March 2026 and had diagnoses including sepsis (a life-threatening reaction to an infection that causes your immune system to harm healthy tissues and organs), and abscess of the liver. Review of the Physician's Orders for Resident #120 indicated but was not limited to:-maintain enhanced barrier precautions every shift due to PICC line (3/17/26)-piperacillin-tazobactam 4.5 grams in 100 milliliters(ml) sodium chloride by intravenous route every six hours for 28 days (3/17/26)-normal saline flush, inject 10ml every 12 hours (3/17/26) During an observation on 3/19/26 at 12:26 P.M., the surveyor observed Nurse #2 don a surgical mask, gloves, and a gown to perform an IV drug administration for Resident #120. While in the room, the (continued on next page)</p> |                                                                                       |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>surveyor observed her use her gloved hands to open a flush of normal saline (NS) and pick up an alcohol wipe (70%) and wipe the hub of the red port on the Resident's dual lumen PICC line for approximately 2 seconds prior to flushing the line and then open a second NS flush and new alcohol wipe and wipe the port of the Resident's blue port on their PICC line for approximately 2 seconds. She then removed her gloves, prepped the IV antibiotic for administration through the line and donned new gloves (without being observed to perform hand hygiene in between glove changes) and remove the cap at the end of the IV tubing, wipe it with an alcohol wipe and attach it to the blue port of the Resident's PICC line and start the IV infusion. During an interview on 3/19/26 at 12:39 P.M., Nurse #2 said she is supposed to scrub the hub of the IV lines with the alcohol wipe to disinfect them for approximately 5-10 seconds each, and she is aware it did not take her that long when she was observed. She said she should have performed hand hygiene in between glove changes but did not because then it would have been too hard to get a new pair of gloves on having just sanitized her hands. During an interview on 3/20/26 at 8:07 A.M., the DON said she would expect the Nurses to scrub the hub prior to connecting anything to the PICC line in accordance with the standard and facility policy. She said she believed the standard to be 5-10 seconds of disinfecting the hub prior to use with an alcohol wipe. She said Nurse #2 should have performed hand hygiene in between glove changes as that is a standard of practice for infection control. She said those expectations were not met during the surveyor's observation.</p> |                                                                                       |                                                 |