STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225417	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Armenian Nursing & Rehabilitation Center	431 Pond Street Boston, MA 02130

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and interviews, the facility failed to provide a homelike environment during dining on one of two nursing units. Specifically, on the second-floor unit, residents were observed eating meals on meal trays in the dining room.Findings include:On 12/9/25 at 8:42 A.M., the surveyor observed residents in the second-floor dining room eating breakfast. Meals were served to the residents on the trays. On 12/9/25 at 12:12 P.M., the surveyor observed 19 residents eating lunch in the second-floor dining room. All residents had their meals served on the trays. On 12/10/25 at 8:07 A.M., the surveyor observed nine residents, sitting at four different tables eating breakfast in the second-floor dining room. All residents had their meal served to them on the trays. On 12/10/25 at 12:14 P.M., the surveyor observed 19 residents eating lunch in the second-floor dining room. All residents had their meal served to them on the trays. On 12/11/25 at 8:33 A.M., the surveyor observed six residents in the dining room on the second-floor. Three residents had already finished eating their breakfast, and three residents were eating their breakfast meal which was served to them on the trays. During an interview on 12/11/25 at 8:34 A.M., Certified Nurse Aide (CNA) #2 said that they always serve the meals in the dining room on the trays. During an interview on 12/11/25 at 8:38 A.M., Nurse #2 said that it is the practice of the facility not to remove the meals from the trays in the dining room. During an interview on 12/11/25 at 8:43 A.M., the Director of Nurses said that it has always been the practice of the facility to serve the meals in the dining room on the trays. The Director of Nurses further said that it would create a more homelike environment to remove the meals from the trays when serving the residents.

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to provide assistance with Activities of Daily Living (ADLs), for two Residents (#11 and #20) out of a total sample of 21 residents. Specifically, the facility failed to provide assistance and/or supervision with meals as per the plan of care for Resident #11 and for Resident #20. Findings include:Review of the facility policy titled Activities of Daily Living (ADL), not dated, indicated ADL assistance will be provided according to the needs of the residents. ADL include: bathing, grooming, mobility, incontinence care, positioning, transfer, eating and others. 1a. Resident #11 was admitted to the facility in April 2025 with diagnoses that included major depressive disorder, asthma, presbyopia, chronic kidney disease, and fibromyalgia. Review of most recent Minimum Data Set (MDS) assessment, dated 10/31/25, indicated he/she scored a 7 out of a possible 15 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. Further review of the MDS indicated the Resident required supervision/touching assistance from staff for eating. Review of Resident #11's activity of daily living care plan, dated 5/12/25, indicated Supervision during meals. Review of Resident #11's nutrition care plan, dated 5/6/25, indicated Encourage the Resident to attend the dining room for meals to enhance socialization and to provide supervision/encouragement while eating. Review of the care card binder on the unit, failed to indicate a care card/Kardex (a document that informs the staff of the required level of assistance required by a resident) for Resident #11 to indicate the level of assistance required to care for the Resident. On 12/9/25 at 8:11 A.M., the Resident was observed in bed with his/her breakfast tray set up to consume with their privacy curtain pulled unable to be seen from the hallway. No staff were present in the room. On 12/10/25 at 8:02 A.M., the Resident was observed eating breakfast alone in his/her room sitting on the side of the bed. The curtain was pulled around the Resident, and he/she was not visible from hallway. On 12/11/25 from 8:11 A.M. to 8:25 A.M., the Resident was observed in bed with his/her breakfast tray set up to consume with their privacy curtain pulled, door shut and light off unable to be seen from the hallway. No staff were present in the room. The surveyor requested a copy of Resident #11's care card/ Kardex but the facility did not provide one. During an interview on 12/11/25 at 8:18 A.M., CNA #1 said each Resident has a Kardex to follow and all staff are expected to follow their plan of care. During an interview on 12/11/25 at 8:20 A.M., Nurse #1 said staff are expected to stay with Resident (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#11 during the whole meal. Nurse #1 said staff need to stay to make sure the Resident eats. 1b. Resident #20 was admitted to the facility in December 2021 with diagnoses that included congestive heart failure, dysphagia, oral phase and weakness. Review of the Minimum Data Set, dated [DATE], indicated a Brief Interview for Mental Status score of 10 out of 15, indicating moderate cognitive impairment. The MDS further indicated that the Resident required supervision or touching assistance with meals/ eating. Review of Resident #20's active Activities of Daily Living (ADL) care plan indicated the following intervention: [Resident] is supervised with eating - Needs assistance setting up meal and cutting food into bite-sized pieces and reminders to insert dentures, intervention dated as revised 9/28/23. Review of Resident #20's active Nutrition care plan indicated the following: [Resident] is at risk for compromised nutritional status r/t hx (related to history of) adult FTT (failure to thrive), BMI (body mass index) 30 = obesity, dx: (diagnoses) diet-controlled DM (diabetes mellitus), dementia, hx: dysphagia (difficulty swallowing) and selective appetite. Review of the Resident ADL Guide (resident care card utilized to inform the staff of the level of assistance the resident requires) for Resident #20 indicated that the Resident requires supervision or touching assistance for assistance with eating. On 12/9/25 at 8:15 A.M. the surveyor observed Resident #20 sitting up on the side of his/her bed eating breakfast alone in the room. The door to the resident room was closed and the Resident was sitting behind a closed curtain. On 12/9/25 at 12:18 P.M., the surveyor observed Resident #20 sitting on the side of his/her bed with the privacy curtain pulled. The Resident was eating lunch alone in his/her room. During a continuous observation on 12/10/25 from 8:13 A.M. to 8:27 A.M., the surveyor observed the nurse bring the breakfast tray into Resident #20's room and then exit the room. The Resident was observed sitting on the side of his/her bed eating breakfast alone in the room. During a continual observation on 12/11/25 from 8:11 A.M. to 8:23 A.M., the surveyor observed staff bring the breakfast tray into Resident #20's room and exit the room. The Resident was observed sitting on the side of his/her bed eating breakfast alone in their room. The privacy curtain was pulled around the Resident's bed and the door to the Resident's room remained closed. During an interview on 12/11/25 at 8:19 A.M., the Director of Nurses said that staff use paper care cards to inform the staff of the level of assist a resident requires. During an interview on 12/11/25 8:20 A.M. Nurse #1 said that if a resident's care plan indicates the need for supervision or touching assistance is required for eating, staff should remain with them for the duration of the meal and the care plan should be followed. She further said that Resident #20 should be supervised for meals based on his/her care plan. She said that with the Resident's door closed and or the curtain pulled, staff are not able to supervise the Resident, but they should be. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/11/25at 8:45 A.M., the Director of Nurses said that if a resident's care plan indicates the need for supervision, then the staff should be providing supervision during the meal to the resident. She further said that nurses and CNA's who are not assisting in the dining room should be cycling through the unit to supervise the residents who require supervision during meals to ensure they are safely eating their meals.