STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Affinity Healthcare	1102 Washington Street Braintree, MA 02184

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. Based on records reviewed and interviews for one of three sampled residents (Resident #1), who had a physician's order for nursing to monitor his/her oxygenation saturations (measures the percentage of hemoglobin binding sites in the bloodstream occupied by oxygen) levels, which included to notify the physician if his/her saturation levels dropped below a specific percentage, the Facility failed to ensure his/her physician was notified of changes in his/her oxygen saturation levels, when Resident #1's levels fell below the physicians ordered percentage parameters on multiple occasions, and the physician was not notified.Findings include:Review of the Facility Policy titled Change in a Resident's Condition or Status dated, as last revised 02/2021, indicated that the Facility promptly notifies the resident, his/her attending physician, and the resident representative of changes in the resident's medical/mental conditions and/or status.The Policy indicated that the nurse will notify the residents attending physician or physician on call when there has been a specific instruction to notify the physician of changes in the resident's condition.Resident #1 was admitted to the Facility in April 2025, diagnoses include acute on chronic respiratory failure, dependent on continuous oxygen, obstructive sleep apnea (throat muscles relax excessively during sleep, causing the airway to collapse and breathing repeatedly stops and starts), asthma, and schizoaffective disorder.Review of Resident #1's Physician's Orders, for the month of December 2025, indicated to obtain his/her oxygen saturation level every shift and to notify the physician if his/her oxygen saturation falls below 90%.Normal oxygen saturation level is 95-100%, slightly low is 90-94%, low would-be levels below 90 % (hypoxemia, requires medical attention). Dangerously low levels are below 88% and usually indicated a need for immediate care Review of Resident #1's Oxygen Saturation Log and Medication Administration Record, dated 12/01/25 through 12/29/25, indicated the following results were obtained for Resident #1 while on three (3) liters (l) of continuous oxygen via nasal cannula (flexible device used to deliver supplemental oxygen directly into the nostrils), all of which were considered dangerously low:-12/08/25-85 %;-12/11/25-88%;-12/12/25-88%;-12/18/25-86%;-12/19/25-86%;-12/25/25-84%; and-12/28/25-87%.Review of Resident #1's Medical Record indicated that there was no documentation to support nursing staff ever notified his/her physician of the low saturation level readings, in accordance with his/her physician's order specific instruction.During an interview on 01/27/26 at 2:20 P.M., Nurse #2 said he always obtained an oxygen saturation for Resident #1 while he/she was on oxygen, however said he was unaware that the physicians order had a specific parameter indicating to notify the physician if his/her oxygen saturation was below 90%.Nurse #2 said that he never notified Resident #1's physician when his/her oxygen saturation fell below 90 %. Nurse #2 said if the physician's order states to notify the physician if the oxygen saturation goes below 90%, he should have notified his/her physician.During an interview on 01/27/26 at 1:37 P.M., the Unit Manager said she was not aware that Resident #1's Physician's Order for obtaining an oxygenation saturation every shift had a set parameter indicating to notify his/her Physician if his/her (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: 225445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oxygen saturation registers below 90%.The Unit Manager said multiple recorded oxygen saturation levels for Resident #1 had been below 90% without any documentation to support that nursing had informed his/her PhysicianDuring an interview on 01/27/26 at 3:41 P.M., the Director of Nurses (DON) said that she was not aware of Resident #1's physician's order for obtaining an oxygenation saturation every shift had a parameter indicating to notify his/her MD if his/her oxygenation saturation fell below 90%.The DON said that it is the Facility's expectation that the nurse would have promptly notified a physician of any result not falling into the parameters set specific in the physician's order.