STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225463	A. Building B. Wing	02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Countryside Health Care of Milford	Countryside Drive Milford, MA 01757

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 - Few	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility failed to maintain an infection prevention and control program designed to help prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to:1. Perform hand hygiene as indicated for two of four Residents (#66 and #88) observed during medication administration; and2. For Resident #83, ensure his/her oxygen (O2) concentrator (an electronically operated device that separates oxygen from room air and provides high concentration of oxygen through a nasal cannula) was maintained in a sanitary manner. Findings include:1. Review of Centers for Disease Control and Prevention (CDC) Clinical Safety: Hand Hygiene for Healthcare Workers, dated 2/27/24, indicated but was not limited to:-Healthcare workers should clean their hands: immediately before touching a patient, before moving from work on a soiled body site to a clean body site on the same patient, after contact with blood, body fluids, or contaminated surfaces, and immediately after glove removal. Review of the facility's policy titled Hand Hygiene, dated as revised 8/2025, indicated but was not limited to:-It is the policy of the facility that employees will perform hand hygiene in the following instances regardless of whether gloves have been worn: after contact with blood/body fluids or excretions/ mucous membranes, after gloves are removed Review of the facility's policy titled Enhanced Barrier Precautions, dated as revised 5/2025, indicated but was not limited to:-Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug resistant organisms (MDRO) in nursing homes. Enhanced barrier precautions involve gown and glove use during high contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition. Review of the CDC EBP sign indicated but was not limited to: -In addition to standard precautions Staff and Providers must: -Clean hands prior to entering and when exiting the room On 1/29/26 at 8:38 A.M., the surveyor observed Nurse #1 prepare Resident #66's morning medications. Resident #66 had a CDC EBP sign posted on the doorframe of his/her room. Nurse #1 entered Resident #66's room and administered his/her medication. Nurse #1 failed to perform hand hygiene prior to entering the Resident's room. On 1/29/26 at 8:45 A.M., the surveyor observed Nurse #1 prepare Resident #88's morning medication including Systane lubricating eye gel and Tresiba (a long-acting insulin injected into the subcutaneous tissue). Resident #88 had a CDC EBP sign posted on the doorframe of his/her room. Nurse #1 entered Resident #88's room and administered his/her medication. Nurse #1 failed to perform hand hygiene prior to entering the Resident's room. Nurse #1 applied gloves and administered Resident #88's eye drops then removed the gloves and applied a second pair of gloves prior to administering the Resident's insulin. Nurse #1 failed to perform hand hygiene after removing one pair of gloves and prior to applying a second pair of gloves. During an interview on 1/29/26 at 1:18 P.M., Nurse #1 said EBP were required for residents with indwelling catheters, chronic wounds and history of certain infections. Nurse #1 said both Residents #66 and #88 required EBP due to indwelling urinary catheters. Nurse #1 said hand hygiene should be performed before entering and upon exiting the Resident's room. Nurse #1 said she tries to perform hand hygiene before walking into every resident room. Nurse #1 said gloves should be changed when soiled and she was not sure if it was required between eye drops and insulin because it was the same resident. During an interview on 1/29/26 at (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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1:31 P.M., Unit Manager #3 said residents with indwelling catheters, wounds, and some infections require EBP. Unit Manager #3 said hand hygiene should be performed before entering resident rooms. Unit Manager #3 said a glove change and hand hygiene was not required when going from eye drops to insulin injection if it was the same resident and she was not sure about hand hygiene between. During an interview on 1/29/26 at 2:14 P.M., the Director of Nurses (DON) said hand hygiene should be performed prior to entering a room requiring EBP and after glove removal. During an interview on 1/30/26 at 1:08 P.M., the Infection Control Nurse said hand hygiene should be performed prior to entering a resident's room when the resident requires EBP. The Infection Control Nurse said hand hygiene should be performed between glove changes only if the gloves were soiled when they were changed. 2. Review of the Invacare Platinum Series XL, 5, and 10 Oxygen Concentrators Standard with SensO2 and Homefill Manufacturer's Guidelines indicated but was not limited to:-Cleaning the Cabinet Filter:1. Remove each filter and clean at least once a week depending on environmental conditions.2. Clean the cabinet filters with a vacuum cleaner or wash in warm soapy water and rinse thoroughly.3. Dry the filters thoroughly before reinstallation. Review of the facility's policy Respiratory Supplies, Changing and Disinfecting, dated 3/21/23, indicated but was not limited to:-Weekly: Filters: disposable filters, replace them when they are soiled and reusable filters rinse in warm water. Resident #83 was admitted to the facility in October 2023 with diagnoses which included chronic obstructive pulmonary disease (COPD, a progressive, irreversible lung disease that makes breathing difficult by damaging airways and air sacs and/or causing chronic inflammation/mucus). Review of Resident #83's Minimum Data Set (MDS) Assessment, dated 10/28/25, indicated he/she had a diagnosis of asthma, COPD, or chronic lung disease and utilized oxygen therapy. Review of Resident #83's Physician Order Report indicated but was not limited to:-Continuous Oxygen at all times, dated 3/24/25-Date and change O2/nebulizer/humidification setups every week on Sunday, dated 3/24/25 Further review of Resident #83's Physician Order Report failed to indicate an order to change or clean the oxygen concentrator cabinet filters. On the following dates and times of survey, the surveyor observed Resident #83 in bed wearing oxygen connected to an Invacare Platinum XL Homefill II Compatible with SensO2 Oxygen Concentrator. The surveyor observed the oxygen concentrator cabinet filter to be covered with a dry, thick gray debris:-1/27/26 at 9:39 A.M.,-1/28/26 at 3:13 P.M., and-1/29/26 at 9:04 A.M. During an interview on 1/29/26 at 1:19 P.M., Nurse #2 said the oxygen tubing was changed by the night shift weekly, but she was not sure who maintained or cleaned the filters. Nurse #2 observed the filter and Nurse #2 said the filter should have been cleaned and should not have thick, gray debris on it. During an interview on 1/29/26 at 1:30 P.M., Unit Manager #3 said oxygen concentrator filters should be cleaned weekly. Unit Manager #3 observed the concentrator filter and said it should not have debris on it. During an interview on 1/29/26 at 2:13 P.M., the DON said oxygen maintenance should occur weekly. The DON said residents with oxygen had orders in place to change the tubing weekly, but the orders did not include the care and maintenance of the filters. The DON said the oxygen concentrator filters should be clean without visible debris.

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F 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on interview and record review, the facility failed to complete a discharge assessment to ensure timely coding and transmitting of a Minimum Data Set (MDS) assessment for one Resident (#48), out of a total sample of 20 residents.Findings include:Review of Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Manual, Version 3.0, indicated assessments must be completed no later than 14 calendar days after the assessment reference date (ARD) and transmitted and encoded within 7 days of assessment completion.Review of the medical record for Resident #48 indicated he/she was discharged from the facility on 10/30/25. A discharge MDS was initiated on 1/28/26, 59 days after discharge from the facility.During an interview on 1/28/26 at 11:02 A.M., the MDS Coordinator said the discharge assessment was not completed. She said she runs a report monthly to ensure assessments are completed and transmitted timely, but this one must have been missed.