STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on document review and interview, the facility failed to solicit and consider input received from direct care staff, residents, resident representatives, and family members when conducting the facility assessment. Findings include:Review of the Centers for Medicare and Medicaid Services (CMS) guidance, titled Revised Guidance for Long-Term Care Facility Assessment Requirements, dated 6/18/24, indicated but was not limited to the following:-In conducting the facility assessment, the facility must ensure active involvement of the following participants in the process:a. Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; andb. Direct care staff, including but not limited to, Registered Nurses, Licensed Practical Nurses/Licensed Vocational Nurses, Nursing Assistants, and representatives of the direct care staff, if applicablec. The facility must also solicit and consider input received from residents, resident representatives, and family members.Review of the facility's policy titled Facility Assessment Tool, undated, indicated, but was not limited to, the following:-To ensure the required thoroughness, individuals involved in the facility assessment should, at a minimum, include the administrator, the medical director, the director of nursing and input from a representative from the governing body. -Facilities are encouraged to seek input from residents, their representative(s), or families, and consider that information when formulating their assessment.Review of the Facility Assessment, last updated 8/1/24 and reviewed 1/13/25, indicated but was not limited to: -Persons (names/titles) involved in completing assessment: Administrator, Director of Nursing, Governing Body Representatives, Medical Director, Human Resources Director, Staff Development Coordinator, Rehab Director, Staff Nurse, Certified Nursing AssistantThe Facility Assessment failed to solicit input from direct care staff or residents, resident representatives, or family members.During an interview on 9/8/25 at 10:46 A.M., the Administrator said the facility assessment was reviewed in January 2025. The Administrator said no resident or family input was solicited when developing the facility assessment and the assessment had not been reviewed since January 2025.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and document review, the facility failed to ensure all drugs and biologicals used in the facility were stored in a safe and secure manner as required for two Residents (#9 and #121), from a sample of 27 residents. Specifically, the facility failed to ensure:1. For Resident #9, that prescribed topical wound treatment supplies were not left unsecured and unattended at the Resident's bedside; and2. For Resident #121, that antifungal powder was not left unsecured and unattended at a resident's bedside.Findings include:Review of the facility's policy titled Storage of Medications, last revised 2024, indicated but was not limited to:-Medications and biologicals are stored safely, securely, and properly.-The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.1. Resident #9 was admitted to the facility in November 2024 and had diagnoses including dementia and a stage 4 pressure ulcer to the right buttock.Review of the Minimum Data Set (MDS) assessment, dated 7/10/25, indicated Resident #9 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 3 out of 15, and had a stage 4 pressure ulcer.Review of current Physician's Orders included but was not limited to:-Wash right ischium (one of the three bones of the hip bone that forms the lower and back parts of the hip bone) wound with Vashe wound cleanser (or similar antibacterial wound cleanser) pat dry then place Alginate to wound bed, then foam dressing twice daily and as needed (9/2/25)On 9/3/25 at 9:09 A.M., the surveyor observed Resident #9 lying in bed asleep. One bottle of Vashe Wound Cleanser (wound cleanser containing hypochlorous acid that prevents bacterial growth) was on the Resident's bureau and one bottle of DermaKlenz Plus Antimicrobial Wound Cleanser was on the bedside table.On 9/4/25 at 8:41 A.M., the surveyor observed Resident #9 lying in bed asleep. One bottle of Vashe Wound Cleasner was on a bureau in the Resident's room and one bottle of DermaKlenz Plus Antimicrobial Wound Cleanser was on the bedside table.On 9/4/25 at 2:28 P.M., the surveyor observed two bottles of Vashe wound cleanser on a bureau in Resident #9's room and one bottle of DermaKlenz Plus Antimicrobial Wound Cleanser on the bedside table.2. On 9/3/25 at 9:05 A.M. and 9/4/25 at 8:37 A.M., the surveyor observed a bottle of antifungal powder on a bedside table in Resident #121's room.During an interview on 9/4/25 at 2:30 P.M., Nurse #2 and the surveyor observed two bottles of Vashe wound cleanser on a bureau and one bottle of DermaKlenz Plus Antimicrobial Wound Cleanser on the bedside table in Resident #9's room and one bottle of antifungal powder on a bedside table in a Resident #121's room. He said the wound treatment supplies and antifungal powder are supposed to be kept in the treatment cart and should not have been left out in the Residents' rooms.During an interview on 9/5/25 at 1:02 P.M., the Director of Nursing (DON) said treatments should be safely secured and not left at the bedside due to a safety risk for wandering residents on the unit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to ensure:1. For Resident #9, who has a stage 4 pressure ulcer (Full thickness tissue loss with exposed bone, tendon, or muscle), that staff implemented Enhanced Barrier Precautions (EBP-an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities); and2. Surveillance documents in use by the facility, were complete and accurate each month. Findings include:1. Review of the Centers for Medicare and Medicaid Services (CMS) guidance titled Enhanced Barrier Precautions in Nursing Homes, dated 3/20/24, 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) that employs targeted gown and glove use during high contact resident care activities. - EBP are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to donning (putting on) of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing - EBP are indicated for residents with any of the following: a. Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or b. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO - EBP should be used for any residents who meet the above criteria, wherever they reside in the Facility Review of the facility's policy titled Enhanced Barrier Precautions, last revised April 2025, indicated but was not limited to: - Staff require PPE (gowns and gloves) for all high contact activities including dressing, bathing/showers, transfers, personal hygiene (brushing teeth and combing hair), linen changes, toileting and incontinence care, medical device care, and wound care. -PPE will be donned in the room and removed before leaving the room. Resident #9 was admitted to the facility in November 2024 and had diagnoses including dementia and a stage 4 pressure ulcer to the right buttock. Review of the Minimum Data Set (MDS) assessment, dated 7/10/25, indicated Resident #9 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 3 out of 15, and had a stage 4 pressure ulcer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 - Some	On 9/3/25 at 9:09 A.M., the surveyor observed an EBP sign posted at the door of Resident #9's room indicating the Resident was on EBP. Review of Physician's Orders indicated but was not limited to: -Maintain Enhanced Barrier Precautions, every shift (9/3/25) During an interview with observation on 9/4/25 at 10:01 A.M., the surveyor observed an EBP sign posted at the door of Resident #9's room and a three-tiered cart inside the Resident's room that stored gowns. Certified Nursing Assistants (CNA) #2 and CNA #3 were in the Resident's room and transferred Resident #9 from his/her bed to a Broda chair (positioning chair). Both CNAs failed to wear a gown during the high contact care. Following the observation, CNA #2 and CNA #3 said they were aware Resident #9 was on EBP, and they should have worn a gown when providing high contact care and did not. During an interview on 9/5/25 at 1:29 P.M., the Assistant Director of Nursing (ADON)/Infection Preventionist (IP) said that CNA #2 and CNA #3 should have worn gowns when transferring Resident #9 from his/her bed to the Broda chair because it is high contact care activity. 2. Review of the facility's policy titled Infection Prevention Program, dated 8/2023, indicated but was not limited to the following: - the goal of the infection prevention program is to prevent, recognize, and control to the extent possible, the onset and spread of infection within the facility - there is a system of reporting, evaluating and maintaining records of resident's infections - elements of the program include, but are not limited to, monitoring and documenting infections and tracking and analyzing outbreaks of infections - the program will: perform surveillance and investigation of infections to prevent, to the extent possible, the onset and spread of infection; use records of infection incidents to improve the infection control process and outcomes; maintain monthly infection reports by unit to record each resident infection During an interview on 9/3/25 at 2:17 P.M., the IP said he completes the facility Antibiotic surveillance tracking form using McGeer criteria and the process of surveillance of potential illnesses and antibiotic tracking are an all-in-one process on the form the facility provided. Review of the form in use by the facility for surveillance tracking included the following columns for completion: Resident name; room; symptoms; date symptoms appeared; site of infection; date of culture or x-ray; pathogen or x-ray result; prescribed antibiotic; date of antibiotic start; date of antibiotic time out; meet McGeer criteria; antibiotic stop date; total days of therapy; HCA (healthcare acquired), CA (community acquired), chronic, or asymptomatic; outcome/resolved; adverse event Review of the facility's surveillance forms indicated but were not limited to the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 - Some	-June 2025: 13 of 22 residents documented on the facility surveillance form failed to indicate they had any signs or symptoms of an illness, that they were symptomatic, or they had symptoms that met McGeer criteria, even when they were documented as meeting McGeer criteria -July 2025: 13 of 15 residents documented on the facility surveillance form failed to indicate they had any signs or symptoms of an illness, that they were symptomatic, or they had symptoms that met McGeer criteria, even when they were documented as meeting McGeer criteria -August 2025: 18 of 21 residents documented on the facility surveillance form failed to indicate they had any signs or symptoms of an illness, that they were symptomatic, or they had symptoms that met McGeer criteria, even when they were documented as meeting McGeer criteria During an interview on 9/5/25 at 10:33 A.M., the IP and Director of Nurses (DON) said the expectation is that the facility antibiotic surveillance and tracking sheets are complete and accurate and all sections including the section for symptoms should be completed unless the resident is asymptomatic. The IP and DON reviewed the June 2025 through August 2025 surveillance forms as follows: -June 2025 surveillance, Resident #47, had no symptoms of illness documented on surveillance, no date of when symptoms appeared and no culture date or results. Resident #47 was indicated on the sheets to meet McGeer criteria for a urinary tract infection (UTI) that was HCA. The IP and DON said the form was incomplete because surveillance information was missing from the surveillance document. -July 2025 surveillance, Resident #94 was indicated on the form with an incorrect first name, no symptoms of illness documented on surveillance, no date of when symptoms appeared. Resident #94 was indicated on the sheets to meet McGeer criteria for an eye infection that was HCA. The DON said the surveillance inaccurately indicated the Resident's name and was incomplete. The IP said he must have written the wrong name in error and the form was inaccurate and incomplete. -July 2025 surveillance also indicated, Resident #129 was on the form with no symptoms of illness documented on surveillance, no date of when the culture was completed; in addition, during record review Resident #129 was treated with an antibiotic in July 2025 for a possible eye infection. The July 2025 surveillance failed to indicate this information. The IP reviewed the record and said he was unaware the Resident had an issue with their eye in July and said the information should have been on the forms. The DON said she recalls the Residents eye infection, and it should have been on the surveillance sheets, and without it they were inaccurate and incomplete. -August 2025 surveillance indicated Resident # 87 had no symptoms of illness documented on surveillance and no date of when symptoms appeared. Resident #87 was indicated on the sheets to meet McGeer criteria for a UTI that was HCA. At 10:46 A.M., the DON said the surveillance forms are incomplete and do not show live information; there is no running list of symptoms to monitor since there are no symptoms on all the residents' that are on surveillance. She said all residents who are not asymptomatic should have documentation of symptoms on the surveillance sheet and the sheets should be complete and accurate each month.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure care was provided to residents in accordance with professional standards of practice for two Residents (#9 and #69), from a total sample of 27 residents. Specifically, the facility failed to ensure: 1. For Resident #9, an air mattress was set according to physician's orders; and2. For Resident #69, oxygen was administered according to physician's orders. Findings include:1. Review of the facility's policy titled Air Mattress, last revised 1/14/25, indicated but was not limited to: -Policy: To maintain adequate circulation, relieve pain due to pressure and aid in healing and/or prevention of pressure ulcers. -Procedure: Verify MD order and settings according to manufacturer guidelines. -Check settings and function regularly and check setting on the pump. Resident #9 was admitted to the facility in November 2024 and had diagnoses including dementia and a stage 4 pressure ulcer to the right buttock. Review of the Minimum Data Set (MDS) assessment, dated 7/10/25, indicated Resident #9 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15, utilized a pressure reducing device in bed and had a stage 4 pressure ulcer. Review of the medical record indicated the following Physician's Order: -Lo (sic) air loss/alternating parameter support air mattress to bed, check function every shift. Setting at 150 (7/7/25) On 9/3/25 at 9:09 A.M., the surveyor observed Resident #9 lying in bed asleep. An air mattress was on the bed and set to 200 pounds (lbs.). On 9/4/25 at 8:41 A.M., the surveyor observed Resident #9 lying in bed asleep. An air mattress was on the bed and set to 200 lbs. During an interview on 9/5/25 at 9:13 A.M., Nurse #1 said Resident #9 has a wound to the right buttock and has an air mattress for pressure relief. Nurse #1 and the surveyor observed Resident #9's air mattress control unit and she said it was set to 200 lbs. and not 150 lbs. according to the physician's order. During an interview on 9/5/25 at 1:29 P.M., the Assistant Director of Nursing said Resident #9's air mattress is supposed to be set according to physician's orders and should have been set to 150 lbs. and not 200 lbs. 2. Review of [NAME], Manual of Nursing Practice 11ed, dated 2019, indicated the following: -The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated: -Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. -In any situation where an order is unclear, or a nurse questions the appropriateness, accuracy, or completeness of an order, the nurse may not implement the order until it is verified for accuracy with a duly authorized prescriber. Review of the facility's policy titled Oxygen Administration Nasal Cannula, 5/29/18, indicated but was not limited to the following: - To deliver low flow oxygen, per the physician's order (generally 1-6 LPM (liters per minute) and 24%-45% concentration) via nasal cannula; - Procedure: set the oxygen liter flow to the prescribed liters flow per minute. Resident #69 was admitted to the facility in February 2024 with diagnoses including dependence on supplemental oxygen (O2), chronic obstructive pulmonary disease (COPD) and respiratory failure. Review of Resident #69's MDS assessment indicated he/she was moderately cognitively impaired as evidenced by a BIMS score of 9 out of 15. Furthermore, the MDS assessment indicated he/she utilized oxygen therapy. On the following dates and times, the surveyor observed Resident #69 in bed with O2 donned (on) via nasal cannula (NC) and his/her O2 concentrator set to 2.5 liters per minute (LPM): - 9/3/25 at 10:23 A.M. and 4:25 P.M. - 9/4/25 at 9:58 A.M. - 9/5/25 at 8:31 A.M. and 12:15 P.M. Review of Resident #69's Physician's Orders indicated but were not limited to the following: - 4/1/24: O2 at 2 LPM via NC continuously for COPD; every shift Review of Resident #69's Medication Administration Record (MAR) indicated he/she was administered 2 LPM of O2 via NC every shift from 9/3/25 through 9/5/25. Review of Resident #69's comprehensive care plan for impaired gas exchanged, initiated 2/7/24 and revised 7/30/25, indicated but was not limited to the following interventions: - Administer O2 as ordered (effective 2/7/24) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/5/25 at 12:19 P.M., Unit Manager #4 said Resident #69 has been utilizing 2 LPM of oxygen continuously for quite a while. Unit Manager #4 and the surveyor observed the Resident's oxygen concentrator in his/her room. Unit Manager #4 said the oxygen concentrator was set to 2.5 LPM and turned the concentrator down to 2 LPM. Unit Manager #4 said the Resident's oxygen concentrator was set too high. During an interview on 9/5/25 at 12:29 P.M., the Director of Nursing (DON) said the nurse should check a resident's oxygen concentrator against the physician's orders every shift to ensure the resident's oxygen is set to the appropriate LPM. The DON said she would expect Resident #69's oxygen LPM to match the physician's orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on document review and interview, the facility failed to provide the most updated COVID-19 vaccination to one Resident (#11), out of a total sample of 27 resident, after the Resident consented to receiving the vaccination. Findings include: Review of the facility's policy titled COVID-19 vaccine immunization for Residents and staff, dated as revised 4/28/25, indicated but was not limited to: - when a current updated COVID-19 vaccine is available, it will be offered to residents unless medically contraindicated, they already received the vaccine or they have refused- if a resident requests the COVID-19 vaccination, and has missed earlier administration opportunities for any reason, the facility will offer the vaccine to this individual as soon as possible- if the vaccine is unavailable in the facility, the facility should document efforts made to make the vaccine available Review of the Centers for Disease Control and Prevention (CDC) guidance titled Staying up to date with COVID-19 vaccines, dated as updated June 6, 2025, indicated but was not limited to the following: Importance of staying up to date: - Getting the 2024-2025 COVID-19 vaccine is important because: Protection from the COVID-19 vaccine decreases with time; immunity after COVID-19 infection decreases with time, COVID-19 vaccines are updated to give you the best protection from the currently circulating strains.- Getting the 2024-2025 COVID-19 vaccine is especially important if you: are ages 65 years and older; are living in a long-term care facility; want to lower your risk of getting Long COVID During an interview on 9/5/25 at 9:57 A.M., the Infection Preventionist (IP) said residents are offered the COVID vaccinations on admission, and annually with their annual assessment. Review of the medical record for Resident #11 indicated but was not limited to the following:- On 1/23/25, the Resident had signed a consent to receive the current COVID-19 vaccination approved by the CDC- Resident's preventative healthcare (vaccination) records failed to indicate the Resident had received a dose of COVID-19 vaccine since 12/17/23 - Progress note on 7/23/25 indicated the Resident's healthcare proxy had been recently invoked and the family was in agreement with the Resident receiving all vaccines- nursing progress notes from 1/23/25 to 9/4/25 failed to indicate the Resident received the vaccine or a reason the vaccination was not administered as requested During an interview on 9/5/25 at 10:30 A.M., the IP reviewed Resident #11's medical record and said the Resident had not received the requested COVID-19 vaccine dose because he believes he had already finished doing vaccinations on that floor prior to the Resident consenting and that is why it was missed. During an interview on 9/5/25 at 10:31 A.M., the Director of Nurses said the Resident should have gotten the vaccine as requested but did not. It was just an error that the dose was missed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225476	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alliance Health at Maples	90 Taunton Street Wrentham, MA 02093

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 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interviews, the facility failed to ensure staff maintained accurate medical records for one Resident (#9), out of a total sample of 27 residents. Specifically, the facility failed to ensure nursing staff accurately documented the anatomic location of a stage 4 pressure wound to the Resident's right buttock.Findings include:Resident #9 was admitted to the facility in November 2024 and had diagnoses including dementia and a stage 4 pressure ulcer to the right buttock.Review of the Minimum Data Set (MDS) assessment, dated 7/10/25, indicated Resident #9 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status score of 3 out of 15, and had a stage 4 pressure ulcer.Review of the medical record indicated Resident #9 developed a stage 4 pressure ulcer to his/her right buttock in August 2024 and was subsequently followed by the consultant wound provider.Review of consultant wound physician's progress notes from August 2024 to September 2025 indicated Resident #9 had a stage 4 pressure ulcer to his/her right buttock.Review of Interdisciplinary Wound Notes (IDT) indicated but was not limited to:-6/10/25: Wound to left hip has improved.-6/24/25: Wound to left hip has improved this week.-7/1/24: Wound to left hip stable.-7/8/25: Wound to left hip stable.-7/15/25: Non healing wound to the left ischium shows improvement this week.-7/22/25: Wound to left hip has improved.-7/29/25: Wound to left hip has improved.-8/5/25: Wound to left hip stable.-8/12/25: Wound to left hip shows improvement.-8/19/25: Wound to left stable.-8/26/25: Wound to left hip stable.-9/2/25: Wound to left hip improved.During an interview on 9/5/25 1:29 P.M., the Assistant Director of Nursing (ADON) said she does weekly rounds with the consultant wound physician and she documents on wounds in the residents' medical records. The ADON said Resident #9 has a stage 4 pressure wound to the right buttock. She reviewed her IDT notes in the medical record and noted that as of 6/10/25 until her last note on 9/2/25, the documentation indicated the Resident had a left hip wound and not a wound to the right buttock. She said she was not aware that her note was inaccurate and she should have documented the location of the wound as the right buttock and not the left hip.