STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225478	A. Building B. Wing	06/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Meadow View Center	134 North Street North Reading, MA 01864

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to ensure he/she was provided care and treatment in accordance with acceptable standards of practice, when on 04/07/26, Nurse #1 provided a Bisacodyl (laxative) suppository to Certified Nurse Aide (CNA) #1 to administer rectally to Resident #1, which was not within a CNA's scope of practice or job description and per the facility, was not a procedure that CNAs could perform.Findings include:The Facility Policy, titled Administering Medications, undated, indicated medications would be administered in a safe and timely manner, and only persons licensed or permitted by the state to prepare, administer and document the administration of medications may do so . Review of the Report submitted by the Facility via the Health Care Facilities Reporting System (HCFRS), indicated that on 04/07/26 at 06:00 A.M., Nurse #1 gave Certified Nurse Aide (CNA) #1 a suppository (medication administered by rectal insertion) to administer to Resident #1. The Report indicated that CNA #1 then administered the suppository.Review of Mass.gov article titled, Massachusetts Certified Nurse Aide (CNA) Curriculum Frameworks, dated released on April 2026, indicated the CNA Scope of Practice and Bowel Management, that CNAs play a vital collaborative role in patient care, but invasive procedures like suppository administration are prohibited.The article indicated that nursing facilities must establish strict protocols for bowel management, indicating while CNAs may assist with toileting or perineal care, any invasive bowel intervention requires direct experiential training, a specific Physician or Nurse Practitioner Order, and execution by Licensed Staff.Review of the Floor Nurse Job Description, dated as signed by Nurse #1 on 12/01/25, indicated Nurse #1 was responsible for ensuring that all personnel assigned to him would comply with the written policies and procedures established by the Facility, and would prepare and administer medications as ordered by the physician. Review of the Certified Nurse Aide (CNA) Job Description, dated as signed by CNA #1 on 01/15/26, indicated that essential duties and responsibilities of a Certified Nursing Assistant did not consist of medication administration.Resident #1 was admitted to the Facility in November 2023, diagnoses included Multiple Sclerosis, constipation, and morbid obesity. Review of Resident #1's Bowel Care Plan, reviewed with his/her quarterly Minimum Data Set Assessment (MDS) dated [DATE], indicated he/she required bowel management by nursing staff.Review of Resident #1's Physician's Order Summary Report indicated he/she had a Physician's order, dated 09/13/25 for Bisacodyl (laxative) Rectal Suppository 10 milligrams (mg) insert one suppository rectally one time a day for constipation.During a telephone interview on 06/08/26 at 10:12 A.M., Certified Nurse Aide (CNA) #1 said that on 04/07/26 at 06:00 A.M., she and CNA #2 were conducting incontinence rounds on the unit, and she knew Resident #1 needed a suppository. CNA #1 said she knew Nurse #1 was very busy so she offered to administer the suppository and said Nurse #1 handed one to her. CNA #1 said she and CNA #2 then completed care for Resident #1 and she inserted the suppository into his/her rectum. CNA #1 said she did not know she was not allowed to administer suppositories in the Facility.During a telephone interview on 06/08/26 at 10:28 A.M., CNA #2 said that on 04/07/26 at 06:00 A.M., she and CNA #1 provided care to Resident #1, and at that time CNA #1 administered a suppository to Resident #1. CNA #2 said she knew only licensed nurses were allowed to administer (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications, but said she did not stop CNA #1 from administering the suppository.During a telephone interview on 06/08/26 at 10:44 A.M., Nurse #1 said that on 04/17/26 at 06:00 A.M., CNA #1 offered to administer Resident #1's scheduled suppository. Nurse #1 said he knew that only licensed nurses were qualified to administer medications, but he handed CNA #1 the suppository anyway.During an interview on 06/08/26 at 12:36 P.M., the Director of Nurses (DON) said Nurse #1 should not have given a suppository to CNA #1 to administer, because medication administration was outside of the CNA scope of practice, and CNA #1 should not have administered the suppository to Resident #1.On 06/08/26, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction, with an effective date of 05/06/26, which addressed the area(s) of concern as evidenced by:A. 04/09/26, Resident #1 was interviewed regarding the incident, emotional counseling was provided, and an assessment indicated he/she had no ill effects as a result of CNA #1 administering a suppository.B. 04/09/26, The Administrator opened and completed a grievance for Resident #1 regarding the event.C. 04/09/26, The Administrator notified Local Police and the Department of Public Health of the event.D. 04/09/26, The Facility Leadership conducted a Root Cause Analysis and developed a plan to prevent future medication administration by unlicensed staff.E. 04/10/26, The Unit Managers conducted a Facility wide audit to identify any residents who received suppositories or invasive treatments and/or care from staff involved. No further concerns were identified.F. 04/10/26, Unit Managers conducted initial customer service rounds on the units.G. 04/16/26, QAPI Meeting was conducted and the Facility Leadership met to follow up on their corrective action plan to prevent future medication administration by unlicensed staff.H. 04/21/26, The Director of Nurses and Unit Managers re-educated all nursing staff to the Facility Policy for medication administration, specifically that only licensed staff can administer any medications, and medication administration is outside the scope of practice for CNAs.I. 04/21/26, The Administrator conducted an initial team meeting with the 11:00 P.M., to 07:00 A.M., nursing staff to focus on improving communication and work flow.J. 05/05/26, The Director of Nurses/designee conducted competencies with CNAs and Licensed staff to reinforce that only licensed staff can administer medications.K. The DON/designee will continue to conduct customer service rounds weekly for four weeks, then monthly for four months, then quarterly thereafter until substantial compliance is met to ensure quality customer service and quality of care.L. The DON/designee will conduct random competencies of a minimum of 10% of nursing staff to validate staff understanding, reinforce accountability, and ensure sustained compliance with the scope of practice weekly for four weeks and then monthly.M. The Administrator/designee will meet with 11:00 P.M., to 07:00 A.M., nursing staff weekly for four weeks to focus on any workflow and leadership concerns.N. Results of competencies, meetings, and audits will continue to be reviewed through the monthly Facility QAPI process to evaluate effectiveness of interventions and determine the need for continued monitoring or additional corrective action.O. The DON/designee are responsible for ongoing compliance.