STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225489	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Lowell LLC	500 Wentworth Avenue Lowell, MA 01852

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on records reviewed and interviews, for one of three sampled residents (Resident #1) who had limited mobility, required the use of an air mattress, and was dependent on staff to meet his/her care needs, the facility failed to ensure his/her Activities of Daily Living (ADL) Care Plan was individualized, with interventions that clearly identified the appropriate number of staff assistance required to safely meet his/her needs.Findings include:Review of the facility's policy, titled Comprehensive Person-Centered Care Plans, revision date of 03/2022, included the following:-A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. -Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. Review of the facility's policy, titled Activities of Daily Living (ADL), Supporting, undated, included the following:-Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. -Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:*hygiene (bathing, dressing, grooming, and oral care)*mobility (transfer and ambulation)*elimination (toileting)*dining (meals and snacks)Resident #1 was admitted to the facility in July 2025, diagnoses included Chronic Obstructive Pulmonary Disease (COPD-a progressive lung disease that makes it difficult to breathe), Congestive Heart Failure (CHF- a long-term condition that affects the heart's ability to beat well), and Cerebral Vascular Accident (CVA/stroke).Review of Resident #1's ADL Care Plan, with a goal date of 04/15/26, included the following:-Focus: I have and ADL self-care performance deficit related to activity intolerance, limited mobility, CHF, Osteoarthritis, and CVA. -Goal: I will improve current level of function with ADLs through the next review date. -Interventions:*Mobility: requires assist/dependent with wheelchair*Bathing/Showering: requires assist/dependent*Bed/Chair Mobility: Totally dependent on staff for positioning and turning in bed *Dressing: Requires assist/dependent staff to dress*Personal Hygiene: Requires two assist (updated on 04/09/26-previously stated assist)*Toileting: Requires assist/dependent*Transfer: Requires assist/dependentFurther review of the plan of care indicated that although interventions were implemented to show Resident #1 was dependent on staff when he/she needed to be turned and repositioned during the provision of ADL care, the care plan did not identify the number of staff assistance required to safely meet his/her care needs.During an interview on 04/21/26 at 3:46 P.M., Certified Nurse Aide (CNA) #1 said that Resident #1 was well known to her and that she had provided care for him/her several times. CNA #1 said Resident #1 was on her assignment on 04/08/26 and she thought she could provide his/her care by herself. CNA #1 said in the past, she had changed Resident #1's bed linens by herself.During an interview on 04/21/26 at 4:27 P.M., the Director of Nurses (DON) said if Resident #1's care plan said that he/she was totally dependent for bed mobility that it meant he/she needed assistance of two staff members during that task. The DON said the CNAs should not (continued on next page)

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
	225489	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Lowell LLC	500 Wentworth Avenue Lowell, MA 01852

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	determine the resident's level of staff assistance. The DON said Resident #1's care plan should specifically state the level of staff assistance and the required staff members for each intervention listed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225489	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Lowell LLC	500 Wentworth Avenue Lowell, MA 01852

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed, interviews and observations, for one of three sampled residents (Resident #1) whose bed was equipped with an air mattress, had limited mobility in his/her lower extremities and was dependent on staff for bed mobility, the facility failed to ensure he/she was provided with the necessary level of staff assistance during care to maintain his/her safety. On 04/08/26, Certified Nurse Aide #1, while providing care to Resident #1 by herself, turned and repositioned Resident #1 onto his/her side, away from herself (CNA #1), Resident #1 rolled off the bed and fell to the floor. Resident #1 was transferred to the Hospital Emergency Department (ED) for evaluation and treatment and was diagnosed with bilateral distal femur fractures (both legs above the knee joint area).Findings include:Review of the facility's policy, titled Falls and Fall Risk, Managing, undated, indicated that staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.Resident #1 was admitted to the facility in July 2025, diagnoses included Chronic Obstructive Pulmonary Disease (COPD-a progressive lung disease that makes it difficult to breathe), Congestive Heart Failure (CHF- a long-term condition that affects the heart's ability to beat well), and Cerebral Vascular Accident (CVA/stroke).Review of the Report submitted by the facility via the Health Care Facility Reporting System (HCFRS), dated 04/09/26, indicated that on 04/08/26, Resident #1 was being cleaned in bed by a Certified Nurse Aide (CNA-later identified as CNA #1), when Resident #1 was rolled onto his/her left side, with his/her right leg on top, [away from CNA #1] slipped out of CNA #1's hands and onto the floor. Resident #1 was transferred to the Hospital ED for evaluation and treatment.Review of Resident #1's Hospital Discharge summary, dated [DATE], indicated he/she was diagnosed with bilateral distal femur fractures with displacement (fracture fragments are not in line with normal anatomy) and lipohemarthrosis (marrow fat leaks into the joint space; a hallmark finding in distal femur fractures that extend into the knee joint).Review of the Facility's Post Fall Investigation, dated 04/08/26, indicated that the Root Cause of the Fall was changing resident that required two [staff] assist by one [staff] assist and air mattress.The Investigation included the intervention initiated immediately after the fall, to prevent a reoccurrence, was to educate [the CNA] to ask for help for residents who [per care plan were dependent] required assistance of two staff members.Review of Resident #1's Minimum Data Set (MDS) assessment, with a reference date of 01/15/26, indicated Resident #1 was dependent on staff for dressing, hygiene, toileting (the ability to maintain perineal hygiene), required maximum staff assistance for bed mobility, was non-ambulatory and always incontinent of bowel and bladder.The Assessment also indicated that Resident #1 scored 14 out of 15 on the Brief Interview for Mental Status (BIMS- score of 13-15 suggests no cognitive impairment, 8-12 suggests moderate cognitive impairment, and 0-7 suggests severe cognitive impairment).Review of Resident #1's admission/readmission screen, dated 4/03/26, indicated he/she expressed a desire to have side rails while in bed, that bilateral quarter side rails were recommended, consent had been obtained, physician's order was in place and he/she had a plan of care in place for the use of side rails.Review of Resident #1's Activities of Daily Living (ADL) Care Plan, reviewed and renewed with his/her January 2026 MDS, that had a goal date of 04/15/26, indicated the following interventions were in place on 04/08/26:-He/she was totally dependent on staff for positioning and turning in bed/chair.-He/she required assist/dependent for toileting and personal hygiene.Review of Resident #1's Skin Care Plan, with a goal date of 04/15/26, indicated he/she was at risk for [impaired] skin integrity due to decreased mobility and incontinence. The Care Plan included an intervention to ensure he/she had an air mattress as ordered.During an observation and interview on 04/21/26 at 10:50 A.M., the surveyor observed Resident #1 lying in bed on an air mattress, with bilateral 1/4 side rails in the up position at the head of the bed. The side rails were short in length and nearer the top of the bed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225489	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Lowell LLC	500 Wentworth Avenue Lowell, MA 01852

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 0689 Level of Harm - Actual harm Residents Affected - Few	and would be difficult for Resident #1 to access and hold on while receiving care.Resident #1 said that he/she fell out of bed recently when he/she was being changed. Resident #1 said his/her side rail was not used (up) that day. Resident #1 said his/her legs were very heavy and when he/she was put on his/her side by CNA #1, he/she felt his/her legs begin to slip and he/she fell off the bed, landing on the floor. Resident #1 said CNA #1 rolled him/her away from, and not towards, herself (CNA #1). Resident #1 said he/she was not a surgical candidate and now he/she has to wear braces to both legs. Resident #1 said when he/she tries to move his/her legs the pain is 10 out of 10.During an interview (which included a review of her written witness statement) on 04/21/26 at 3:46 P.M., Certified Nurse Aide (CNA) #1 said that Resident #1 was well known to her and she had provided care for him/her several times. CNA #1 said Resident #1 was on her assignment on 04/08/26 and she thought she could provide his/her care by herself. CNA #1 said in the past, she had changed Resident #1's bed linens by herself and Resident #1 was able to hold onto the side rail while she did it.CNA #1 said on 04/08/26 she went into Resident #1's room, noticed his/her brief was soiled and offered to change it. CNA #1 said she pulled Resident #1 towards her in bed using his/her incontinent pad and then rolled Resident #1 onto his/her left side [away from herself] so he/she could hold onto the side rail while she provided incontinent care, and that in the blink of an eye Resident #1 rolled off the bed onto the floor.CNA #1 said any resident who uses an air mattress needs two staff assist and if Resident #1's care plan said that he/she was dependent for bed mobility it meant he/she needed assistance of two staff members.CNA #1 said she had sometimes provided Resident #1's care with another CNA, but on that day, she felt she could provide his/her care by herself. CNA #1 said she should have had someone else with her to provide Resident #1's care.During an interview (which included a review of her written witness statement) on 04/21/26 at 3:16 P.M., Nurse #1 said she was on duty on 04/08/26 when she was alerted by CNA #1 that Resident #1 had fallen out of bed. Nurse #1 said she immediately went to Resident #1's room and found him/her on the floor next to his/her bed. Nurse #1 said Resident #1 was in a lot of pain and said his/her right knee hurt.Nurse #1 said Resident #1 was well known to her and that he/she required assistance of two staff members for bed mobility and care due to his/her size, immobility, and need of a mechanical lift for transfers out of bed. Nurse #1 said CNA #1 required more education because the other CNAs used two assists to care for Resident #1 but CNA #1 closed Resident #1's door and began providing care without asking for help from other staff.Nurse #1 said that staff should always roll residents towards themselves when in bed and not away from themselves.During an interview (which included a review of his written witness statement) on 04/21/26 at 3:33 P.M., Nursing Supervisor #1 said he was on duty on 04/08/26 when he was alerted that Resident #1 had sustained a fall out of bed. Nursing Supervisor #1 said when he arrived at Resident #1's room he/she was on the floor next to his/her bed and he/she complained of right knee and right hip pain.Nursing Supervisor #1 said Resident #1 required assistance of two staff members for care and that CNA #1 should have had someone else with her while she provided care for Resident #1.During a telephone interview on 04/22/26 at 2:31 P.M., Physical Therapist #1 said she completed Resident #1's PT evaluation on 04/06/26. PT #1 said Resident #1 required partial/moderate assistance with bed mobility from a therapy standpoint and was dependent for bed mobility from a nursing standpoint. PT #1 said the level of assistance often differs between therapy and nursing.During an interview on 04/21/26 at 4:27 P.M., the Director of Nurses (DON) reviewed Resident #1's ADL Care Plan with the surveyor and the DON said that Resident #1 was dependent for bed mobility which meant he/she needed assistance of two staff members. The DON said that the facility determined that CNA #1 should not have rolled Resident #1 away from her and that Resident #1's air mattress played a role in his/her fall as they can be unstable.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225489	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vantage at Lowell LLC	500 Wentworth Avenue Lowell, MA 01852

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 - Minimal harm or potential for actual 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 records reviewed and interviews, for one of three sampled residents (Resident #1) the facility failed to ensure they maintained a complete and accurate medical record related to his/her Activities of Daily Living (ADLs), when daily documentation by Certified Nurse Aides was incomplete, with some ADL's left blank. Findings include:Review of the facility's policy titled Charting and Documentation, undated, indicated the following:-All services provided to the resident shall be documented in the resident's medical record.-Documentation in the medical record will be complete and accurate.Resident #1 was admitted to the facility in July 2025, diagnoses included Chronic Obstructive Pulmonary Disease (COPD-a progressive lung disease that makes it difficult to breathe), Congestive Heart Failure (CHF- a long-term condition that affects the heart's ability to beat well), and Cerebral Vascular Accident (CVA/stroke).Review of Resident #1's Certified Nurse Aide (CNA) Activities of Daily Living (ADL) flow sheet for the month of April 2026 indicated the following:*Bathing, dressing, bladder/bowel continence, personal hygiene, and preventative skin care was left blank, and not coded as being provided on 15 out of 21 applicable shifts:-04/01/26- day shift (7:00 A.M through 3:00 P.M.) evening shift (3:00 P.M. through 11:00 P.M.) night shift (11:00 P.M. through 7:00 A.M.)-04/02/26- day, evening, and night-04/03/26- day and night-04/04/26- evening and night-04/05/26- evening and night-04/06/26- day and night-04/07/26- night*Turned and repositioned every two hours was left blank, and not coded as being provided on 13 of 21 applicable shifts:-04/01/26- day and evening-04/02/26- day, evening, and night-04/03/26- day and night-04/04/26- evening and night-04/05/26- evening and night-04/06/26- night-04/07/26- night*Eating and amount eaten was left blank, and not coded as being provided on 11 out of 21 applicable meals:-04/01/26- breakfast, lunch, dinner-04/02/26- breakfast, lunch, dinner-04/03/26-breakfast and lunch-04/04/26- dinner-04/05/26- dinner-04/06/26- lunchDuring an interview on 04/21/26 at 1:20 P.M., Certified Nurse Aide (CNA) #2 said CNAs are supposed to chart on all resident care provided. CNA #2 said the information is documented either immediately after the care is provided or by the end of their shift.During an interview on 04/21/26 at 5:00 P.M. the Director of Nurse (DON) said that the CNAs are expected to document all the resident care they provide by the end of their shifts and there should not be blanks on Resident #1's CNA flow sheet.