STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225491	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shrewsbury Rehabilitation and Nursing at Southgate	40 Julio Drive Shrewsbury, MA 01545

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation, and interview, the facility failed to ensure that the facility dumpster area was maintained in a clean and sanitary manner to mitigate the harborage and feeding of pests. Specifically, the facility failed to ensure trash, garbage, and refuse were appropriately disposed of and properly contained within a trash receptable and not thrown on the ground around two dumpsters in a fenced-in dumpster area that was located in proximity to the main facility kitchen. Findings include: Review of the 2022 Food Code (a model for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer) by the U.S. Food and Drug Administration (FDA); retrieved from < FDA Food Code 2022: Full Document> indicated: -Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents. -Proper equipment and supplies must be made available to accomplish thorough and proper cleaning of garbage storage areas and receptacles so that unsanitary conditions can be eliminated. -Create a system of prevention and overlapping safeguards designed to minimize foodborne illness, and acceptable levels of sanitation on food establishment premises. -Refuse, recyclables, and returnables shall be stored in receptacles or waste handling units so that they are inaccessible to insects and rodents. -Soiled receptacles and waste handling units for Refuse, recyclables, and returnables shall be cleaned at a frequency necessary to prevent them from developing a buildup of soil or becoming attractants for insects and rodents. On 3/11/26 at 1:45 P.M., the surveyor and the Food Service Director (FSD) observed the following at the trash receptacles located outside of the facility main kitchen: *Inside the fenced-in dumpster area: -Two dumpsters in the wooden fence area: one on the left for general refuse and another on the right for recyclable cardboard. -within the fenced area on the ground scattered around the two dumpsters, there were 10 -15 cardboard boxes, four old worn mattresses, disposable gloves in multiple colors, worn coca cola box, multiple disposable clear cups, clear trash bags and various other trash debris. During an interview on 3/11/26 at 2:07 P.M., the FSD said she was not aware there was so much trash on the ground around the dumpsters. During an interview on 3/11/26 at 3:03 P.M., the Maintenance Director said this amount of trash and debris could breed insects and rodents. During an interview on 3/12/26 at 10:49 A.M., the Infection Preventionist (IP) said she observed the dumpster area, and it is a breeding ground for infestation. The IP also said that there should not have been any trash on the ground outside the dumpsters and that all trash should have been contained inside the dumpsters.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observations, policy review and interviews, the facility failed to maintain accurate records of controlled substances (drugs or chemicals that the government regulates for its manufacturing, possession, and use, that are classified into schedules based on their potential for abuse) for one Control Medication Log (Unit One Side A) out of three Control Medication Logs reviewed. Specifically, for the Unit One Side A Control Medication Log, the facility failed to ensure accurate documentation was maintained relative to the reconciliation of the controlled medication count, when the Control Medication Log was missing licensed nursing documentation that controlled medication reconciliation was completed as required. Findings include:Review of the facility policy titled Controlled Substances, revised November 2022, included but was not limited to:-The facility complies with all laws, regulations and other requirements related to handling, storage, disposal, and documentation of controlled medications (listed as Schedule II - V of the Comprehensive Drug Abuse Prevention and Control Act of 1976).-Handling Controlled Substances.Only authorized licensed nursing and/or pharmacy personnel have access to Schedule II controlled substances maintained on premises.-Dispensing and Recording Controlled Substances.The system of reconciling the receipt, dispensing and disposition of controlled substances includes the following: records of personnel access and usage;-Nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count.-The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services. On 3/11/26 at 8:10 A.M., during an observation and review of the Control Medication Log on the Unit One Side A medication cart with Unit Manager (UM) #1 and Nurse #1, the surveyor observed in the back of the Control Medication Log there were no signatures or evidence that a count of the controlled medication had taken place on 3/10/26 at 11:00 P.M., and on 3/11/26 at 7:00 A.M. During an interview at the time, Nurse #1 said she did count the controlled medication on 3/11/26 at 7:00 A.M. with Nurse #2 who had control of the medications from 3/10/26 at 11:00 P.M. until 3/11/26 at 7:00 A.M. Nurse #1 further said that the controlled medication count was correct when she counted the controlled medication with Nurse #2 on 3/11/26 at 7:00 A.M. but she must have forgotten to sign the back of the Control Medication Log. During an interview on 3/11/26 at 8:15 A.M., with Nurse #1 and UM #1, Nurse #1 said she should have signed the back of the Control Medication Log once she had counted the controlled medications on 3/11/26 at 7:00 A.M. with Nurse #2, but she had not done so. UM #1 said that it was expected that two Nurses count the controlled medication at every change of shift including 7:00 A.M., 3:00 P.M., and 11:00 P.M. The surveyor and UM #1 reviewed the Control Medication Log and UM #1 said there were no entries for 3/10/26 at 11:00 P.M. or 3/11/26 at 7:00 A.M. During an interview on 3/11/26 at 8:32 A.M., Nurse #2 said she had counted the controlled medications on 3/10/26 at 11:00 P.M. with Nurse #3, and on 3/11/26 at 7:00 A.M. with Nurse #1, and on both occasions the controlled medication count was correct. Nurse #2 said she had forgotten to sign the back of the Control Medication Log after both counts, but she should have done so. During an interview on 3/11/26 at 10:52 A.M., the Director of Nursing (DON) said the expectation was that two Nurses would count the controlled medications at every change of shift and then both Nurses would sign the Control Medication Log together. The DON said she believed two Nurses had counted the medications at each change of shift but had not signed the back of the Control Medication Log as they should have. During an interview on 3/11/26 at 11:55 A.M., Nurse #3 said she did count the controlled medication on the Unit One Side A medication cart on 3/10/26 at 11:00 P.M. with Nurse #2. Nurse #3 said the count of the controlled medication was accurate, but she must have forgotten to sign the back of the Control Medication Log once the count was complete. Nurse #3 said she knew that the expectation was for two Nurses to count the controlled medication together and then sign the back of the Control Medication Log together indicating that the count was accurate, but she must have forgotten to do so.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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, record review, and interviews, the facility failed to ensure that drugs and biologicals were stored in accordance with State and Federal laws for one (Unit One) of two medication storage rooms reviewed. Specifically, the facility failed to ensure a multi-dose vial of medication was discarded upon the expiration date according to manufacturer's guidelines in the Unit One medication storage room. Findings include:Review of the facility policy titled Medication Labeling and Storage, revised February 2023, included but was not limited to:-If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.-Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices.-the medication label includes, at a minimum:.expiration date, when applicable,-Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer supplies a shorter or longer date for the open vial. On 3/11/26 at 8:49 A.M., during an observation and review of the Unit One medication storage room, the surveyor observed an open multi-dose vial of Tuberculin, Purified Protein in the refrigerator. The box containing the open vial was labeled as opened on 1/24/26. The box contained instructions on the side which indicated that once opened, the multi-dose vial should be discarded after 30 days. During an interview at the time, Nurse #1 said the Tuberculin, Purified Protein open multi-dose vial should have been discarded last month (February 2026) but it had not been discarded. Review of the Tuberculin, Purified Protein Derivative outer box containing the open multi-dose vial indicated:-Tuberculin, Purified Protein Derivative Diluted/Aplisol 5TU (Tuberculin Units) for intradermal test, 1 ML (milliliter) (10 tests), once entered [opened], vial should be discarded after 30 days. Review of the Tuberculin, Purified Protein Derivative Diluted/Aplisol package insert indicated that the multi-dose vial should be dated when opened and discarded after 30 days. During an interview on 3/11/26 at 10:00 A.M., the Staff Development Coordinator (SDC) said the Nurses were expected to discard multi-dose vials of Tuberculin, Purified Protein, 30 days after opening, but they had not done so. During an interview on 3/11/26 at 10:52 A.M., the Director of Nursing (DON) said the expectation was that multi-dose vials of Tuberculin, Purified Protein, should be labeled when opened, and discarded per the instructions after 30 days.