STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225508	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Springs Post Acute	40 Parkhurst Road Chelmsford, MA 01824

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to provide supervision during meals for one Resident (#102) with an aspiration risk out of a total sample of 27 residents. Findings include: Review of the facility policy titled, Activities of Daily Living (ADL) Supporting, dated April 2025, indicated the following:-Residents are provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living.-Residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.-Appropriate care and services are provided to 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: d. dining (eating, including meals and snacks). Resident #102 was admitted to the facility in July 2025 with diagnoses of cervical spine fusion and muscle weakness. Review of Resident #102's most recent Minimum Data Set (MDS) indicated the Resident had a Brief Interview for Mental Status exam score of 15 out of a possible 15, which indicated he/she has intact cognition. On 11/18/25 at 9:14 A.M., Resident #102 was observed lying in bed with his/her breakfast on the table in front of him/her. Resident #102 was not eating and had only drunk his/her liquids. During an interview at this time, Resident #102 said he/she typically eats alone in his/her room. There were no staff present in the room or in the nearby hallway to provide assistance or supervision if needed. On 11/19/2025 at 8:14 A.M., Resident #102 was provided his/her breakfast tray by the staff who then walked out of the room leaving the Resident alone to eat. The door to the Resident's room was approximately 80% closed and it was difficult to observe the Resident from the hallway. The Resident ate alone in his/her room from 8:14 A.M., to 8:36 A.M., with no staff present to provide supervision or assistance if needed. On 11/20/2025, Resident #102 was observed eating alone in his/her room from 8:25 A.M., to 9:02 A.M. Review of Resident #102's Activity of Daily Living care plan, initiated in July 2025, indicated the following intervention:-EATING: I require supervision with eating and drinking Review of Resident #102's Kardex (a form indicating the level of assistance a resident requires) indicated the following:-EATING: I require supervision with eating and drinking Review of a Modified Barium Swallow (a swallowing test to determine the level of aspiration risk) completed in August 1, 2025 indicated the following:-Strategies recommended During PO (by mouth) feeding: Allow extra time for meals, alternate solids and liquids and follow with dry swallow, avoid impulsivity with rate and amount of intake, controlled sips, cued cough, monitor PO intake rate, multiple swallows, positioned upright, reduce distraction, small bites/sips. -Supervised PC feeding: strategies dependent on caregiver assistance, aspiration precautions, monitor patient for adequate nutrition and hydration. Review of the Speech Therapy Discharge summary, dated [DATE], indicated the following:-discharge recommendations: comp strategies/positions: supervised PO (by mouth) intake, sit up right, slow rate, alternate liquids and solids-supervision for oral intake: Close supervision. Review of the Documentation Survey Report for the month of November 2025, indicated that for 29 out of 54 meals, supervision had not been provided to Resident #102. During an interview on 11/20/2025 at 9:02 A.M., Certified Nursing Assistant (CNA) #3 said the staff providing care have access to review each (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident's Kardex so that they provide the level of assistance required to care for the resident. CNA #3 said she is Resident #102's typical CNA and knows the Resident well. CNA #3 said Resident #102 does better eating when someone is next to him/her providing verbal cues helps him/her to have encouragement during the meal for safety and adequate intake. During an interview on 11/20/2025 at 8:36 A.M., Unit Manager #4 said Resident #102 has an aspiration risk and altered diet due to his/her cervical spine fusion. Unit Manager #4 said Resident #102 requires assistance at times for self-feeding because on some days he/she is unable to feed him/herself. Unit Manager #4 said that staff should be checking in on the Resident throughout the meal to see if he/she needs assistance. Unit Manager #4 said all staff have access to review the Kardex and care plans and that these should be followed as written to ensure residents are provided with the level of care the interdisciplinary team had assessed them to need. During an interview on 11/20/25 at 9:25 A.M. the Director of Nursing said care plans and Kardex's should be followed as written. The Director of Nursing said that Resident #102 should have supervision with meals.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store and prepare food in accordance with professional standards for food service safety. Specifically, the facility failed to ensure food was dated, stored off the floor, shelves on which food was stored were clean/free of possible contaminants, and that unpasteurized eggs were cooked thoroughly. Findings include: Review of the facility's policy titled Food Receiving and Storage, dated as revised November 2022, indicated, but was not limited to, the following:- Foods shall be received and stored in a manner that complies with safe food handling practices. - Dry foods that are stored in bins are removed from original packaging, labeled and dated (use by date). Such foods are rotated using a first in-first out system.- All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date).- Refrigerators/walk-ins are not overcrowded. Foods in the walk-in are stored off the floor. Review of the facility's policy titled Food Preparation and Service, dated as revised November 2022, indicated, but was not limited to, the following:- Food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practice.- Potentially Hazardous Food (PHF) or Time/Temperature Control for Safety (TCS) Food means food that requires time/temperature control for safety to limit the growth of pathogens (i.e., bacterial or viral organisms capable of causing a disease or toxin formation). Examples of PHF/TCS foods include ground beef, poultry, chicken, seafood (fish or shellfish), cut melon, unpasteurized eggs, milk, yogurt and cottage cheese.- Only pasteurized shell eggs are cooked and served when:a. Residents request undercooked, soft-served or sunny side up eggs; andb. Preparing foods that will not be thoroughly cooked (e.g., hollandaise sauce, French toast, ice cream, etc.).- Unpasteurized eggs are cooked until all parts of the egg (yolk and whites) are completely firm. Review of the current United States Department of Agriculture (USDA) food safety guidelines indicate that undercooked or raw unpasteurized eggs should not be consumed as they pose a significant risk for Salmonella (a potentially serious bacterial food-borne infection), especially for those who are elderly and/or immuno-compromised (those with a weakened immune systems). The USDA food safety guidelines also indicate that leftover prepared food should not be kept for more than 4 days in the refrigerator. On 11/18/25 at 7:17 A.M., the surveyor made the following observations during the initial walkthrough of the kitchen: - A bag of flour in the dry storage area, open but undated.- A bag of pasta in the dry storage area, open but undated.- A bottle of soy sauce in the dry storage area, open but undated.- Two pound cakes stored directly on the floor in the walk-in freezer.- A box of sub rolls stored directly on the floor in the walk-in freezer. During an interview on 11/18/25 at 8:33 A.M., the Food Service Director (FSD) said the pasta, flour and soy sauce should have been dated when opened and that the pound cakes and sub rolls should not have been on the floor. On 11/19/25 at 7:17 A.M., the surveyor made the following observations during a revisit to the kitchen:- Eight pre-portioned and undated canned fruit cups in the walk-in refrigerator.- Three undated sandwiches in the walk-in refrigerator.- A 25-pound bucket of hard cooked peeled eggs, opened and dated 11/9 in the walk-in refrigerator. Instructions on the egg packaging indicated the eggs should be used within five days of opening.- A wispy white substance on food storage shelves in the walk-in refrigerator; there was food stored on, and below, the wispy white substance. During an interview on 11/19/25 at 7:56 A.M. the FSD said staff should wrap and date all food. The FSD said he did not know when the undated sandwiches were made and that they should have been dated. The FSD said the hardboiled eggs were delivered on 11/9 but he did not know when they were opened and that they should have been labeled when they were opened. The FSD said there was a cleaning schedule but that cleaning the racks was not on the schedule, the FSD said food should not have been stored on top or below the white substance on the shelves. On 11/19/25 at 7:51 A.M., the surveyor observed the cook prepare a fried egg during the tray-line observation. The cook placed the egg on a plate and cut the egg into smaller pieces. When the cook (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cut the egg the entirety of the eggs' yolk was runny/liquidous indicating the egg was undercooked. The cook then handed the plate with the egg to kitchen staff who placed the plate on a resident tray and covered the plate with a plastic lid to be served to a resident. During an interview and observation on 11/19/25 at 7:52 A.M., the FSD said the eggs were not pasteurized, should not have been served runny and that staff would need to ensure the eggs were fully well done. The surveyor and FSD observed the packaging of shelled eggs in the walk-in refrigerator, the FSD said they were the only shelled eggs in the facility. The packaging and eggs failed to indicate that they were pasteurized. The safe handling instructions on the packaging indicated the following:To prevent illness from bacteria: keep eggs refrigerated, cook eggs until yolks are firm, and cook foods containing eggs Thoroughly.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on observations, record review and interviews, the facility failed to ensure one Resident (#36) was free from restraints, out of a total sample of 27 residents.Findings include:Review of the facility policy titled, Restraints, dated September 2021, indicated the following:- -All residents have the right to be free of physical and chemical restraint used in violation of applicable regulations and standard of practice.- - Residents may not be physically restrained for discipline or convenience.- - Residents may not be physically restrained without an order from a physician to treat the resident's symptoms or medical conditions.Resident #36 was admitted to the facility in October 2025 with the diagnosis including Parkinson's disease and transient alteration of awareness.Review of Resident #36's most recent Minimum Data Set (MDS) assessment, dated 11/3/25, indicated the Resident scored 7 out of 15 on the Brief Interview for Mental Status exam indicating he/she was severely cognitively impaired. The MDS also indicated Resident #36 was dependent on staff for all care.On 11/18/25 at 9:24 A.M., the surveyor observed Resident #36 lying in his/her bed. The Resident's bed had a perimeter mattress and on the left and the right side of the Resident there were pillows tucked under the fitted sheet.On 11/19/25 at 7:36 A.M., the surveyor observed Resident #36 lying in his/her bed. The Resident's bed had a perimeter mattress and on the left and the right side of the Resident were pillows tucked under the fitted sheet.On 11/19/25 at 8:28 A.M., the surveyor observed Resident #36 lying in his/her bed. The Resident's bed had a perimeter mattress and on the left and the right side of the Resident were pillows tucked under the fitted sheet.Review of Resident #36's care plan for falls indicated the following intervention:-Bolster sheet to air mattress to prevent accidental rolling out of bed.The care plan failed to indicate a plan to place pillows under the fitted sheets on both sides of Resident #36's body.The medical record failed to indicate a restraint assessment had been completed or that a physician's order was in place for the use of restraint.During an interview on 11/19/25 at 8:41 A.M., Certified Nursing Assistant (CNA) #1 said staff put pillows under the fitted sheet for Resident's safety as he/she tries to put his/her feet on the floor.During an interview on 11/19/25 at 8:42 A.M., Unit Manager #1 said Resident #36 is at a high risk for falling and since he/she is on a perimeter mattress staff should not place pillows under the fitted sheet as this restricts the Resident's movement.During an interview on 11/19/25 at 12:20 P.M., the Director of Nursing (DON) said the Resident should not have pillows tucked under fitted sheet as it restrains the Resident from getting out of bed.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to accurately code in the Minimum Data Set (MDS) for one Resident (#7) out of 27 total sampled residents. Specifically, for Resident #7, the facility failed to accurately document a fall resulting in a right humeral fracture. Findings include:Review of the MDS 3.0 Resident Assessment Instrument (RAI) Manual, dated October 2025, indicated:-Review any follow-up medical information received pertaining to the fall, even if this information is received after the ARD (e.g., emergency room x-ray, MRI, CT scan results) and ensure that this information is used to code the assessment.-If the level of injury directly related to a fall that occurred during the look-back period is identified after the ARD and is at a different injury level than what was originally coded on an assessment that was submitted to the Internet Quality Improvement and Evaluation System (iQIES), the assessment must be modified to update the level of injury that occurred with that fall Resident #7 was admitted to the facility in November 2024 with diagnoses including diabetes and dementia. Review of the most recent MDS assessment, dated 11/13/25, indicated Resident #7 had severe cognitive deficit as evidenced by a Brief Interview for Mental Status exam score of 6 out of 15. Review of Resident #7's nursing progress note, dated 9/21/25, indicated:-Patient was found the floor at the hallway with the face down bleeding and complaining of pain on the right arm emergency services 911 was called and the patient was transported to the hospital [sic] Review of Resident #7's hospital Discharge summary, dated [DATE], indicated:-Discharge Diagnosis: unwitnessed fall and post-traumatic right humeral fracture. Review of the discharge MDS assessment, dated 9/21/25, failed to indicate a fall with major injury, which would include bone fractures. During an interview on 11/20/25 at 9:38 A.M., the MDS Nurse said all MDS assessments should be coded according to the RAI manual instructions. The MDS Nurse said major injuries include bone fractures. The MDS Nurse said Resident #7's discharge MDS, dated [DATE], the fall was coded incorrectly as it did not indicate the fall resulting in major injury even though the Resident had a fall resulting in a right humeral fracture. During an interview on 11/20/25 at 10:58 A.M., the Director of Nursing said she would expect all MDS assessments to be coded correctly according to RAI manual.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and record review, the facility failed to ensure one Resident (#5), out of a total sample of 27 residents, was referred for a Level II Preadmission Screening and Resident Review (PASRR) evaluation (an evaluation to determine if a resident needs specialized services to address his/her new diagnosis of schizoaffective disorder, which is a serious mental illness (SMI)) as required.Findings include: Review of the facility policy titled Behavioral Assessment, Intervention, and Monitoring, dated as revised February 2025, indicated:-New onset or changes in behavior that indicate newly evident or possible serious mental disorder, intellectual disability, or a related disorder are referred for a PASARR Level II evaluation.Resident #5 was admitted to the facility in November 2025 with diagnoses including diabetes and heart failure.Review of the most recent Minimum Data Set (MDS) assessment, dated 11/7/25, indicated Resident #5 was cognitively intact as evidenced by a Brief Interview for Mental Status exam score of 14 out of 15. This MDS also indicated Resident #5 had a diagnosis of schizophrenia and was not currently considered by the state level II PASRR process to have serious mental illness.Review of Resident #5's PASRR, dated 11/18/25, indicated the Resident did not have a diagnosis of schizophrenia.Review of Resident #5's initial psychological consultation, dated 12/10/24, indicated:-Resident appears to have been suffering in silence with schizoaffective disorder depressive type.-Please add the Schizoaffective diagnosis.Review of Resident #5's nursing progress note, dated 12/10/25, indicated the Resident was seen by the psychological nurse practitioner who recommended to start an antipsychotic medication, Abilify. Review of Resident #5's psychological follow-up notes, dated 9/10/25, 9/23/25, 10/21/25, and 11/4/25, indicated the Resident was receiving care for schizoaffective disorder.During an interview on 11/19/25 at 10:28 A.M., Social Worker #1 said any new diagnosis of schizoaffective disorder would require a referral for Level II PASRR. Social Worker #1 said Resident #5 did not have schizoaffective disorder upon admission in November 2024. Social Worker #1 said she was unaware Resident #5 had a new diagnosis of schizoaffective disorder in December 2024 and a Level II PASRR referral was never completed at that time but should have been. During an interview on 11/19/25 at 12:23 P.M., the Director of Nursing (DON) said any new diagnosis of schizoaffective disorder would require a referral for Level II PASRR. The DON said a Level II PASRR referral should have been completed for Resident #5 when he/she was newly diagnosed with schizoaffective disorder in December 2024 but was not.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observations, record review, and interviews, the facility failed to ensure one Resident (#87) who was fed by enteral means (artificially via a tube), out of a total sample of 27 residents, received appropriate treatment to prevent complications of enteral feeding. Specifically, the facility failed to ensure that Resident #87's enteral nutrition formula was administered at the physician-prescribed rate. Findings include:Review of the facility policy, titled Enteral Nutrition, revised November 2018, indicated, but was not limited to, the following:- Adequate nutritional support through enteral nutrition is provided to residents as ordered.- The dietitian monitors residents who are receiving enteral nutrition and makes appropriate recommendations for interventions to enhance tolerance and nutritional adequacy of enteral feedings.- Enteral feedings are scheduled to try to optimize resident independence whenever possible (e.g., at night or during hours that do not interfere with the resident's ability to participate in facility activities).- The nurse confirms that orders for enteral nutrition are complete. Resident #87 was admitted to the facility in October 2025 with diagnoses including unspecified protein-calorie malnutrition and gastrostomy (G-tube, a tube surgically placed directly into the stomach through the abdominal wall with the purpose of delivering food, typically in the form of liquid formula). Review of the most recent Minimum Data Set (MDS) assessment, dated 11/10/25, indicated that Resident #87 scored an 11 out of a possible 15 on the Brief Interview for Mental Status exam indicating the Resident had moderate cognitive impairment. Further review of the MDS indicated the Resident received nutrition via a feeding tube. Review of Resident #87's care plan indicated the Resident had a nutritional problem or a potential nutritional problem related to abnormal nutrition-related labs, CHF (congestive heart failure), cognitive loss, diuretic therapy, HTN (hypertension), swallowing problem, PEG (percutaneous endoscopic gastrostomy) tube, and surgical wound with the following intervention:- Administer tube feedings as ordered. Review of Resident #87's physician orders indicated the following orders:- Enteral feed order every shift Jevity 1.5 CAL administer continuous via pump 67 mL (milliliter) per hour for 18 hours per day. Up at 6 a.m., down at 12 a.m. Flush with 30 mL water before and after feedings, initiated on 11/12/25 and discontinued on 11/17/25.- Enteral feed order every shift Jevity 1.5 CAL administer continuous via pump 100 mL per hour for 12 hours per day. Up at 6 a.m., down at 6 p.m. Flush with 30 mL water before and after feeding, initiated 11/17/25 with a start date of 11/18/25. Review of the Medication Administration Record/Treatment administration record (MAR/TAR) indicated a nurse signed off that Resident #87 received continuous enteral feed on the day, evening and night shift on 11/18/25, and 11/19/25. Review of the Health Status Note, dated 11/17/25, indicated the Registered Dietitian (RD) was working with Resident #87 towards a goal of transitioning to bolus feeding (large doses of enteral nutrition formula administered in a short span of time); the RD recommended a new order of Jevity 1.5 to be run at 100 mL per hour for 12 hours. During an observation on 11/18/25 at 9:14 A.M., the surveyor observed Resident #87 receiving enteral nutrition formula via pump, the pump indicated the formula was being administered at a rate of 67 mL per hour. During an observation on 11/18/25 at 11:14 A.M., the surveyor observed Resident #87 receiving enteral nutrition formula via pump, the pump indicated the formula was being administered at a rate of 67 mL per hour. During an observation on 11/19/25 at 7:07 A.M., the surveyor observed Resident #87 receiving enteral nutrition formula via pump, the pump indicated the formula was being administered at a rate of 67 mL per hour. During an observation on 11/19/25 at 3:01 P.M., the surveyor observed Resident #87 receiving enteral nutrition formula via pump, the pump indicated the formula was being administered at a rate of 67 mL per hour. During an observation on 11/20/25 at 7:19 A.M., the surveyor observed Resident #87 receiving enteral nutrition formula via pump, the pump indicated the formula was being administered at a rate of 67 mL per hour. During an interview and observation on 11/20/25 at 9:43 A.M., Nurse #3 said that nurses managing enteral nutrition should check to ensure that the rate provided by the pump was consistent (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with the physician order. Nurse #3 said nurses should check the pump to ensure the correct rate is being delivered every time the nurse administered medication. The surveyor and Nurse #3 reviewed Resident #87's physician orders; Nurse #3 said Resident #87 was previously receiving enteral nutrition at a rate of 67 mL per hour but that on 11/17/25 the order was changed to 100 mL per hour. The surveyor and Nurse #3 observed Resident #87 receiving enteral nutrition via pump, the pump indicated the formula was being administered at a rate of 67 mL per hour. Nurse #3 said this was incorrect and that the pump should have been set to 100 mL per hour. Nurse #3 said the 11-7 nurse who had initiated the enteral nutrition that morning should have ensured the rate was 100 mL per hour and that Nurse #3 should have also ensured that the rate was correct when his shift started, but that he didn't. Nurse #3 said he had worked on 11/19/25 and was not aware that the order for the Resident's rate had changed from 67 mL per hour to 100 mL per hour. During an interview on 11/20/25 at 10:03 A.M., Unit Manager #3 said nurses should check Resident enteral nutrition rates when they first come in for their shifts and that she would expect nurses to change the rate to be consistent with the physician order if the rate was incorrect. During an interview on 11/20/25 at 10:10 A.M., the RD said Resident #87 was planning to be discharged in December and was interested in transitioning from continuous enteral nutrition to bolus feeding. The RD said the enteral nutrition rate was previously 67 mL per hour for 18 hours but was changed on 11/17/25 to 100 mL per hour for 12 hours in order to give the Residents' stomach time to adjust to the increased volume and decreased feeding time, and to minimize the risk of intolerance, to prepare the Resident for his/her upcoming discharge. The RD said that the Resident should have been receiving enteral nutrition formula at a rate of 100 mL per hour, and that the Resident receiving the incorrect rate would put the Resident at risk for not properly transitioning to bolus feeding. During an interview on 11/20/25 at 10:44 A.M., the Director of Nursing (DON) said she would expect the nurse to ensure the rate was consistent with the physician order when starting an enteral nutrition.

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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 observations and interviews the facility failed to ensure drugs and biologicals were stored in accordance with acceptable professional standards of practice. Specifically,1.The facility failed to ensure that expired medications were removed from medication carts and medication rooms on 2 out of 3 units.2.The facility failed to ensure medication carts were locked while unattended.Findings include:Review of the facility policy titled Medication Storage, dated August 2021, indicated the following: -Facility will ensure that medications are safely and appropriately stored. -Discontinued or expired medications will be destroyed within 30 days, or if unopened and properly labeled, returned to the pharmacy for credit if allowed. -The storage area will be kept locked when not in use. 1. On 11/19/25 at 6:35 A.M., the surveyor and Nurse#2 observed the following in the C-wing medication cart and medication room. -A bottle of Maalox with expiration date of 10/2025 -A bottle of Metamucil with expiration date of 3/2025 -A bottle of ear wax with expiration date of 10/2025 -A bottle of magnesium citrate with an expiration date of 9/13/2025. During an interview on 11/19/25 at 6:40 A.M., Nurse #2 said the nurses are responsible to ensure that expired medications are removed from the medication cart, and for the medication rooms the central supply staff is responsible of ensuring expired items are removed and discarded. On 11/19/25 at 6:50 A.M., the surveyor and Nurse #5 observed the following expired item in the B-wing medication room. -A bottle of saline nasal spray expiration date of 10/2025. During an interview on 11/19/25 at 6:54 A.M., Nurse #5 said central supply staff is responsible for checking expired items and removing them from the medication room. During an interview on 11/19/25 at 11:05 A.M., the Central Supply Staff said she checks for expired items when restocking and at least once a month. During an interview on 11/19/25 at 12:17 P.M., Unit Manager #2 said she checks medication carts and medication room weekly for expired items. During an interview on 11/19/25 at 12:18 P.M., the Director of Nursing said 11-7 nurses and Central supply staff are responsible for ensuring expired items are removed from the medication rooms. She (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225508	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Springs Post Acute	40 Parkhurst Road Chelmsford, MA 01824

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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	further said nurses check for expired items in the medication carts daily and the unit manager does weekly. 2. On 11/19/2025 at 9:12 A.M., on the C unit, the surveyor observed an unattended and unlocked medication cart. The surveyor was able to open and access the cart. At 9:14 A.M., Nurse #4 exited a resident room and returned to the medication cart. During an interview with Nurse #4 on 11/19/2025 at 9:14 A.M., she said that the medication cart was supposed to be locked when unattended. During an interview with the Director of Nursing on 11/19/2025 at 12:22 P.M., she said that medication carts should be locked when unattended.