STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225530	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andover Forest Post Acute Care Center	1801 Turnpike Street North Andover, MA 01845

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to document accurately in the medical record for four Residents (#29, #13, #82 and #4) out of a total sample of 30 residents. Specifically, 1.For Residents (a.) #29 and (b.) #13, the facility inaccurately documented blood pressure vital signs. 2. For Resident (a.) #82 the facility failed to accurately document the setting of an air mattress. (b). #4 the facility failed to accurately document the use of tubi grips. Findings include:1 (a). Resident #29 was admitted to the facility in March 2026 with diagnoses including dependence on renal dialysis. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status exam score of 14 out of 15 indicating intact cognition. Review of Resident #29's dialysis care plan initiated 3/4/26 indicated the following: -I currently have an alteration to my integumentary system due to left arm fistula (a surgically created connection between an artery and a vein in the left arm). Review of Resident #29's April 2026 physician's orders indicated no blood pressure on the left arm. Review of Resident #29's blood pressure vitals indicated nurses documented they took blood pressure on the left arm on the following days: -3/7/26, 3/10/26, 3/23/26 and 4/4/26. During an interview on 4/16/26 at 8:21 A.M., Resident #29 said nurses never take blood pressures on his/her left arm. Resident #29 said he/she would never allow the nurses to take a blood pressure on the left arm because his/her dialysis access is on his/her left arm. During an interview and medical record review on 4/16/26 at 8:59 A.M., the Assistant Director of Nurses reviewed the medical record and said the nurses documented incorrectly in the blood pressure vitals medical record. During an interview and medical record review on 4/16/26 at 9:10 A.M., Nurse #2 reviewed the medical record and said she did not take the Resident's blood pressure on the left arm on 3/23/26 because he/she has an Arteriovenous fistula (AV) on the left arm. Nurse #2 said she documented incorrectly. During an interview on 4/16/26 at 10:26 A.M., the Director of Nurses said nurses should document accurately in the medical record. (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

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(b). Resident #13 was admitted to the facility in November 2023 with diagnoses including dependence on renal dialysis. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated a Brief Interview for Mental Status exam score of 13 out of a possible 15 indicating intact cognition. Review of Resident #13's dialysis care plan initiated on 3/12/24 indicated the following: -I currently have an alteration to my renal dialysis due to end stage renal disease, and I have a left forearm AV Fistula. Review of Resident #13's April 2026 physicians orders indicated no blood pressure on the left arm. Review of Resident #13's blood pressure vitals indicated nurses documented they took blood pressure on the left arm on the following dates: -2/28/26, 3/9/26,3/14/26, 3/27/26, 3/29/26, 3/31/26, 4/2/26, 4/5/26, 4/6/26, 4/7/26, 4/9/26, 4/10/26, 4/12/26, and 4/16/26. During an interview on 4/16/26 at 8:49 A.M., Resident #13 said nurses do not take blood pressure on his/her left arm. Resident #13 said he/she would never allow the nurses to take blood pressure on his/her left arm because the dialysis port is located on his/her left arm. During an interview and medical record review on 4/16/26 at 9:24 A.M., Unit Manager #1 reviewed the medical record and said nurses are documenting blood pressure vitals incorrectly. The Unit Manager said the nurses should document accurately. During a telephone interview and medical record review on 4/16/26 at 3:39 P.M., Nurse #1 reviewed the medical record and said she incorrectly documented the Resident's blood pressure on 3/9/26 and 4/6/26. Nurse #1 said the Resident has an AV fistula on the left arm and blood pressure can only be taken on the right arm. During an interview on 4/16/26 at 10:26 A.M., the Director of Nurses said nurses should document accurately in the medical record. 2 (a). Resident #82 was admitted to the facility August 2022 with diagnoses including Alzheimer's dementia, malnutrition, and depression. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #82 is severely cognitively impaired. Further review indicated that Resident #82 is totally dependent on staff for activities of daily living. Review of the physician orders dated April 2026 indicated an order for air mattress on the setting of black dot. Check function every shift. On 4/14/26 at 8:18, 3:16 P.M., and 4:25 P.M., the surveyor observed Resident #82 lying in bed on an air mattress. The air mattress was not set on the black dot setting as ordered and as indicated on the air mattress pump. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/15/26 at 8:12 A.M., the surveyor observed Resident #82 lying in bed on an air mattress. The air mattress was not set on the black dot setting as ordered and as indicated on the air mattress pump. On 4/15/26 at 2:25 P.M., the surveyor and Nurse #1 observed Resident #82 lying in bed on an air mattress. The surveyor and Nurse #1 observed that the air mattress was not set on the black dot setting as ordered and as indicated on the air mattress pump. Review of the Medication Administration Record (MAR) dated 4/14/26 and 4/15/26 incorrectly indicated that the nurse documented that the air mattress was set at the correct setting. During an interview on 4/15/26 at 1:57 P.M, the Director of Nursing (DON) said that physician orders are to be followed as ordered. The DON said that nurses are to accurately document in the medical record and should not have documented that the air mattress was at the correct setting when it was not. During an interview on 4/15/26 at 2:30 P.M., Nurse #1 said that it was the responsibility of the nurses to ensure the air mattresses were set at the correct setting and to accurately document in the medical record. (b). Resident #4 was admitted to the facility in August 2021 with diagnoses including peripheral vascular disease, heart disease and kidney disease. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated on the Brief Interview for Mental Status exam Resident #4 scored an 11 out of a possible 15, indicating moderately impaired cognition. The MDS further indicated that Resident #4 requires substantial to maximal assistance with activities of daily living. Review of the April 20267 physician orders indicated an order for tubi grips (used for support and compression) on in A.M., and off in P.M., one time a day apply tubi grips and one time a day remove tubi grips. On 4/14/26 at 8:30 A.M.,12:30 P.M., and 4:10 P.M, the surveyor observed Resident #4 sitting in his/her room. The surveyor observed Resident #4 to be wearing a red pair of socks and nothing on his/her legs. Review of the Treatment Administration Record dated 4/14/26 inaccurately indicated that the tubi grips were in place as ordered. During an interview on 4/15/26 at 2:32 P.M., Resident #4 said that he/she has not worn the stockings (tubi grips) for a while. Resident #4 then said that no one offered to put them on today or yesterday. Resident #4 also said that if the physician wants him/her to wear them then he/she would. Resident #4 said that he/she did not refuse to wear the stockings. During an interview on 4/15/26 at 1:57 P.M, the Director of Nursing (DON) said that physician orders are to be followed as ordered. The DON then said that nurses are to accurately document in the medical record and should not have documented that the tubi grips were on the Resident when they were not. During an interview on 4/15/26 at 2:35 P.M., Nurse #4 said that it is the responsibility of nurses to (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	ensure that the tubi grips are placed on residents with orders for them. Nurse #4 then said that nurses are to accurately document in the medical record.

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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 record review and interview the facility failed to accurately complete the Minimum Data Set (MDS) assessments for two Residents (#2 and #5) out of a total sample of 30 residents. Specifically,1.) For Resident #2, the facility coded the Resident as having a diagnosis of Schizophrenia, in error. 2.) For Resident #5 the facility coded the Resident as having had an injection of insulin in error. Findings include:1.) Resident #2 was admitted to the facility in November 2018 and has diagnoses that include vascular dementia with psychotic disturbance and major depressive disorder. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE], indicated the Director of Nursing (DON) coded on the MDS that Resident #2 has a diagnosis of Schizophrenia. Review of prior MDS's dated 11/28/25, 8/28/25, and 7/10/25 failed to indicate Resident #2 has a diagnosis of Schizophrenia. Review of the Level I PAS (pre-admission screen), dated 11/17/18, failed to indicate a diagnosis of Schizophrenia. Review of Resident #2's care plan fails to indicate a diagnosis of Schizophrenia or a care plan regarding Schizophrenia. Review of Resident #2's most recent Physician /Nurse Practitioner progress note, dated 3/18/26, fails to indicate Resident #2 has a diagnosis of Schizophrenia. Review of the record fails to indicate Resident #2 was assessed by psychiatric services or given a new diagnosis of schizophrenia by a clinician. During an interview on 4/16/26 at 11:39 A.M., the DON said that she had reviewed Resident #2's entire medical record and determined that the MDS was coded inaccurately, as Resident #2 does not have a diagnosis of Schizophrenia 2.) Resident #5 was admitted to the facility in December 2025 with diagnoses including sepsis, bipolar disorder and chronic obstructive pulmonary disease. Review of the most recent Minimum Data Set (MDS) assessments dated 1/21/26 and 1/23/26 indicated that Resident #5 received insulin one time in the past 7 days. Review of the physician orders failed to indicate that Resident #5 had an order for insulin. During an interview on 4/15/26 at 12:57 P.M., the Director of Nursing said that Trulicity is not an insulin and should not be documented on the MDS as an insulin.

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview the facility failed to implement physician orders for two Residents (#4 and #82) out of a total sample of 30 residents. Specifically:For Resident #4 the facility failed to implement tubi grips (used for support and compression) daily.For Resident #82 the facility failed to implement the correct air mattress setting.Findings include:Review of the facility policy titled Physician Orders, dated as revised November 2025, indicated that physician orders are to be implemented in accordance with professional standards. 1. Resident #4 was admitted to the facility in August 2021 with diagnoses including peripheral vascular disease, heart disease and kidney disease. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #4 scored an 11 out of 15 on the Brief Interview for Mental Status exam, indicating moderately impaired cognition. The MDS further indicated that Resident #4 requires substantial to maximal assist with activities of daily living.On 4/14/26 at 8:30 A.M., 12:30 P.M., and 4:10 P.M, the surveyor observed Resident #4 sitting in his/her room. The surveyor observed Resident #4 to be wearing a red pair of socks and nothing on his/her legs. Review of the physician orders dated April 2026 indicated an order for tubi grips (used for support and compression) on in A.M., and off in the P.M., one time a day apply tubi grips and one time a day remove tubi grips. Review of the progress notes failed to indicate that Resident refused the tubi grips. During an interview on 4/15/26 at 2:32 P.M., Resident #4 said that he/she has not worn the stockings (tubi grips) for a while. Resident #4 then said that no one offered to put them on today or yesterday. Resident #4 also said that if the physician wants him/her to wear them then he/she would. Resident #4 said that he/she did not refuse to wear the stockings. During an interview on 4/15/26 at 2:35 P.M., Nurse #4 said that it is the responsibility of nurses to ensure that the tubi grips are placed on residents with orders for them. Nurse #4 said he did not check because he was focused on passing medications. During an interview on 4/15/26 at 2:36 P.M., Certified Nurse's Aide (CNA) #3 said that it is the responsibility of the CNAs to apply the tubi grips. CNA #3 then said that she was Resident #4's CNA today and she did not offer to apply the stockings. CNA #3 also said that there was not a roll of tubi grip on the unit. 2. Resident #82 was admitted to the facility August 2022 with diagnoses including Alzheimer's dementia, malnutrition, and depression. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] indicated that Resident #82 is severely cognitively impaired. The MDS further indicated that Resident #82 is totally dependent on staff for activities of daily living. Review of the April 2026 physician orders indicated an order for air mattress on the setting of black dot. Check function every shift. On 4/14/26 at 8:18 A.M., 3:16 P.M., and 4:25 P.M., the surveyor observed Resident #82 lying in bed on an air mattress. The air mattress was not set on the black dot setting as ordered and as indicated on the air mattress pump. On 4/15/26 at 8:12 A.M., the surveyor observed Resident #82 lying in bed on an air mattress. The air mattress was not set on the black dot setting as ordered and as indicated on the air mattress pump. During an interview on 4/15/26 at 1:57 P.M, the Director of Nursing said that physician orders are to be followed as ordered. On 4/15/26 at 2:25 P.M., the surveyor and Nurse #1 observed Resident #82 lying in bed n an air mattress. The surveyor and Nurse #1 also observed that the air mattress was not set on the black dot setting as ordered and as indicated on the air mattress pump. During an interview on 4/15/26 at 2:27 P.M., Certified Nurse's Aide (CNA) #1 said that Resident #82 was on her assignment today. CNA #1 said she did not know how to find out what the air mattress was supposed to be set at and did not know the air mattress was not set at the correct setting. During an interview on 4/15/26 at 2:30 P.M., Nurse #1 said that a physician's order must always be followed and the air mattress setting was not set at the correct level. Nurse #1 then said that it was the responsibility of the nurses to ensure the air mattresses were set at the correct setting.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation and interview the facility failed to dispose of garbage and refuse properly. Findings include:On 4/14/26 at 8:07 A.M., the surveyor observed the edge of the property to contain the following:a. three rusted metal drum barrels.b. a rusted refrigerator c. a rusted wheelchaird. a grey wheeled plastic cart covered with a white sheete. two nightstandsf. white paper items scattered in the adjoining woodsg.14 plastic red and black milk crates scattered in the adjoining woods. During an interview on 4/15/26 at 3:40 P.M., the Regional Director of Maintenance said that the accumulation of discarded barrels, refrigerator, wheelchair etcetera should not have been allowed to occur. The Regional Maintenance Director said that there was no process in place to ensure that refuse does not accumulate outside.

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F 0638 Level of Harm - Potential for minimal harm Residents Affected - Some	Assure that each resident?s assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to assess 6 Residents (#19, #22, #76, #81, #104 and #120) out of a total sample of 30 residents, using the quarterly review instrument specified by the State and approved by CMS (Centers for Medicare and Medicaid) not less frequently than once every 3 months. Findings iclude:1. Resident #19 was admitted to the facility in June 2025 with diagnoses including cancer, heart disease and anxiety. Review of the Minimum Data set (MDS) assessments indicated a quarterly assessment was completed on 1/7/26. Further review indicated that a quarterly MDS dated [DATE] was still in progress. This is more than the 92-day completion date requirement between MDS assessments. 2. Resident #22 was admitted to the facility in April 2022 with diagnosis including cancer, heart disease and high blood pressure. Review of the Minimum Data set (MDS) assessments indicated a quarterly assessment was completed on 12/22/25. Further review indicated that a quarterly MDS dated [DATE] was incomplete. This is more than the 92-day completion date requirement between MDS assessments. 3. Resident #76 was admitted to the facility in December 2024 with diagnosis including multiple sclerosis, diabetes and heart disease. Review of the Minimum Data set (MDS) assessments indicated an annual assessment was completed on 1/13/26. Further review indicated that a quarterly MDS dated [DATE] was in progress. This is more than the 92-day completion date requirement between MDS assessments. 4. Resident #81 was admitted to the facility in September 2025 with diagnoses including dementia, kidney disease and high blood pressure. Review of the Minimum Data set (MDS) assessments indicated a quarterly assessment was completed on 12/25/25. Further review indicated that a quarterly MDS dated [DATE] was in progress. This is more than the 92-day completion date requirement between MDS assessments. 5. Resident #104 was admitted to the facility in June 2024 with diagnoses including stroke, schizophrenia and bipolar disorder. Review of the Minimum Data set (MDS) assessments indicated a quarterly assessment was completed on 12/11/25. Further review indicated that a quarterly MDS dated [DATE] was in progress. This is more than the 92-day completion date requirement between MDS assessments. 6. Resident #120 was admitted to the facility in July 2020 with diagnoses including, stroke, kidney disease and hemiplegia. Review of the Minimum Data set (MDS) assessments indicated an annual assessment was completed on 1/13/26. Further review indicated that a quarterly MDS dated [DATE] was in progress. This is more than the 92-day completion date requirement between MDS assessments. During an interview on 4/15/26 at 11:14 A.M., the Director of Nursing (DON) said that the facility has been without MDS staff since at least November 2025. The DON then said that corporate staff have been completing the MDS's off site and she has no idea why some of them have not been done. During an interview on 4/16/26 at 11:40 A.M., the DON said that the MDS's should have been completed and submitted within the regulated time frames.

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F 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on record review and interview the facility failed to electronically transmit encoded, accurate, and complete Minimum Data Set (MDS) data to the CMS (Centers for Medicare and Medicaid) system within 14 days after a facility completes a resident's assessment for 2 Residents (#19 and #22) out of a total sample of 30 residents. Findings include:1. Resident #19 was admitted to the facility in June 2025 with diagnoses including cancer, heart disease and anxiety. Review of the Minimum Data set (MDS) assessments indicated a quarterly assessment was completed on 10/15/25 and submitted on 2/22/26. Further review indicated that a quarterly MDS was completed on 1/7/26 and submitted 2/22/26. 2. Resident #22 was admitted to the facility in April 2022 with diagnosis including cancer, heart disease and high blood pressure. Review of the Minimum Data set (MDS) assessments indicated a quarterly assessment was completed on 10/15/25 and submitted on 11/25/25. During an interview on 4/15/26 at 11:14 A.M., the Director of Nursing (DON) said that the facility has been without MDS staff since at least November 2025. The DON then said that corporate staff have been completing the MDS's off site and she has no idea why some of them have not been submitted on time. During an interview on 4/16/26 at 11:40 A.M., the DON said that the MDS's for Residents #19 and #22 should have been completed and submitted within the regulated time frames.