STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on observations, interviews, and record review, the facility failed to ensure one Resident (#7), out of a total sample of 18 residents, was offered devices (hearing aids or amplifier) to assist with communication.Findings include:Resident #7 was admitted to the facility in June 2025 with diagnoses of dementia and hearing loss. Review of the care plans indicated Resident #7 had impaired communication related to hearing loss. Review of the Resident Evaluation (a facility assessment), dated 3/5/26, indicated Resident #7 had a hearing impairment and no hearing aids. During an attempted interview on 4/26/26 at 8:45 A.M., Resident #7 could not hear the surveyor and pointed to his/her ears. The surveyor inquired loudly if the Resident had hearing aids and pointed to the ears, the Resident responded, I'd love to have something for my ears. I saw a doctor, but then nothing happened. During an interview on 4/26/26 at 11:30 A.M., the Family Member for Resident #7 said the Resident had three sets of hearing aids when admitted to the facility and the family had sent an amplifier (a box for someone to speak into which connects to headphones the Resident wears to amplify the voice). He said the staff should be using the hearing aids or the amplifier. Review of the medical record included a list of items Resident #7 had including clothing, glasses, hearing aid, charger for hearing aid, phone and phone charger. Review of the progress notes indicated the following:7/13/25: Hearing aids at bed side.12/22/25: Resident very hard of hearing and on observation ear seems to be blocked with wax. Resident oriented to self and repeats questions due to inability to hear. Physician contacted for ear drops.12/23/25: Care plan meeting held and the family inquired if they could send a hearing amplifier. Further review of the orders, care plans, and progress notes had no mention of Resident #7 being assisted with hearing aids or amplifier use or their effectiveness. Review of the consultant Audiology Group progress note, dated 1/16/26, indicated Resident #7 needed wax removed from both ears, there was a speech discrimination related to profound hearing loss and Resident #7 would like to try hearing aids and impressions could be taken once wax was removed. Review of the medical record indicated Resident #7 saw an Otolaryngologist (physician specialized in hearing loss) on 3/19/26. Review of the visit summary indicated bilateral wax (cerumen) impaction was removed. On 4/27/26 at 10:02 A.M., the surveyor observed an amplifier on the nightstand in the room of Resident #7. On 4/27/26 at 10:07 A.M., the surveyor observed Resident #7 seated in the hallway as Activity Assistant #1 approached. The Activity Assistant provided Resident #7 with a cup of coffee, told the Resident the coffee was hot and asked if the Resident would like to add ice. When the Resident did not respond the Activity Assistant asked louder and demonstrated with her hand adding something to the coffee while saying the word ice. The Resident responded, No, I like it black. On 4/27/26 at 1:01 P.M., the surveyor observed another resident attempt to talk to Resident #7 and become more animated as Resident #7 did not respond. Resident #7 yelled what do you want and pointed to his/her ears. On 4/27/26 at 1:10 P.M., the surveyor observed Resident #7 tell Unit Manager #2 that he/she had to go to the bathroom. The Unit Manager responds, Give me a minute and I'll help you and Resident #7 pointed to his/her ears. On 4/27/26 at 1:42 P.M., Activity Assistant #1 attempted to engage Resident #7 in a conversation about animals and repeated herself three times. Resident #7 responded huh and pointed to his/her ears. During an interview on 4/27/26 at 1:47 P.M., Activity Assistant #1 said Resident #7 did have trouble (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
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hearing and would point to their ears to indicate they could not hear you. She said she was not sure if the Resident had heard her this morning asking about ice in the coffee. She said she was not sure if Resident #7 had hearing aids or any other devices and it would be better to ask one of the Certified Nursing Assistants (CNA). During an interview on 4/27/26 at 2:15 P.M., CNA #1 said Resident #7 was hard of hearing and she had to speak loud to the Resident. She said Resident #7 did have hearing aids, but she was not sure why they were not used. She said he/she did not use any other devices. During an interview on 4/27/26 at 4:09 P.M., Nurse #1 said she was familiar with Resident #7 and worked on the unit regularly. She said the Resident was hard of hearing and she believed the Resident previously had hearing aids but she did not know where they were. She said she was not putting in the hearing aids or taking them out. During an interview on 4/28/26 at 8:20 A.M., Unit Manager #2 said Resident #7 previously had hearing aids but refused to wear them. She said she did not think the hearing aids were at the facility any longer. She said there was no documentation to indicate the hearing aids had been tried or refused by the Resident. She said the Resident did have an amplifier and the Resident used it sometimes. She said all staff should be attempting to use the amplifier with the Resident. She said no one had attempted to use the hearing aids after the wax was removed on 3/19/26, one month prior because the Unit Manager did not know if there were hearing aids in the facility for the Resident. During an interview on 4/28/26 at 11:54 A.M., Unit Manager #2 said she had found hearing aids in Resident #7's room. She said no, staff had not been trying to provide them to the Resident because the Unit Manager did not know they were there and had thought the Resident only had an amplifier.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to ensure an antibiotic was effective in treating the identified bacteria after the culture and sensitivity (C&S) report indicated high level of resistance and failed to notify physician of ongoing urinary tract symptoms for one Resident (#33), out of a total sample of 18 residents. Findings include: Review of facility's policy titled Antibiotic Stewardship Program., dated 5/20/25, indicated but was not limited to the following:-It is the policy of this facility to implement an Antibiotic Stewardship Program as part of the facility's overall infection prevention and control program. The purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotic use.-The program includes antibiotic use protocols and system to monitor antibiotic use.Monitoring antibiotic use.:-Monitor response to antibiotics, and laboratory results when available, to determine if the antibiotic is still indicated or adjustments should be made (e.g., Antibiotic timeout).-Nursing will monitor the initiation of antibiotics on residents and conduct an antibiotic timeout within 48 to 72 hours of antibiotic therapy to monitor response to the antibiotic and review laboratory results and will consult with the practitioner to determine if the antibiotic is to continue or if adjustments need to be made based on findings. Resident #33 was admitted to the facility in October 2025 with diagnoses which included cerebral vascular infarction (stroke), generalized weakness, and morbid obesity. Review of the Minimum Data Set (MDS) assessment, dated 4/21/26, indicated Resident #33 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), indicating Resident was cognitively intact. During an interview on 4/26/26 at 8:30 A.M., Resident #33 said he/she was on antibiotics because of another urinary tract infection (UTI). During an interview on 4/27/26 at 1:18 P.M., Resident #33 said he/she still has strong burning with urination. Resident #33 said this past weekend he/she told the overnight nurse (Nurse #6) he/she was having pain in the urethra area, abdominal cramping, flank pain, and he/she had to ask for pain medication. Resident #33 said if it does not get better he/she will have to go to the hospital because he/she only has one kidney and must be careful with UTIs. Review of Resident #33's Lab Results Report, dated 4/22/26, indicated but was not limited to the following:Abnormal results:-Appearance: Turbid -White blood cell: 3+-Protein:2+ -Occult Blood: 2 +Microscopic was indicated and was performed:-WBC: >30-RBC: >30Bacteria: ManyUrine Culture, Urology Workup: Final report abnormal:Proteus mirabilis/penneri 25,000-50,000 cfu's.Antimicrobial Susceptibility:-Trimethoprim/sulfa (Macrobid) Resistant >=320 Review of Resident #33's Physician Note completed by Physician #1, dated 4/20/26, indicated but was not limited to the following:-Chief complaint/Nature of presenting problem: Patient seen for acute visit for evaluation of dysuria and urinary urgency, as well as follow up of recent lower extremity swelling and duplex ultrasound.-Over the past several days, patient has reported persistent dysuria and urinary urgency, consistent with his/her prior UTI symptoms. Urinalysis (UA) from 4/19/26 notable for Turbid urine, 3+ leukocyte esterase, >30 white blood cells (WBC), >30 red blood cells (RBC), and many bacteria. -Preliminary urine culture growing Proteus mirabilis (25-50 thousand colony forming unit per milliliter (CFU/ml). Despite borderline colony count, patient remains clinically symptomatic.-Urinary tract infection; Urinalysis strongly suggestive of infection. -Plan: Start Bactrim DS twice a day (BID) times 7 days. Encourage hydration. Monitor symptoms closely. Follow final culture and sensitivities and adjust antibiotics if needed. -Monitor for fever or worsening symptoms. Review of Physician's Orders indicated:-4/20/26 Bactrim DS (antibiotic) oral tablet 800-160 milligram (Sulfamethoxazole-Trimethoprim). Give one tablet by mouth two times a day for dysuria (pain, discomfort, or burning with urination), UTI until 4/26/26.-4/28/26 Cefpodoxime Proxetil (antibiotic) oral Tablet 100 mg, give one tablet by mouth two times a day for UTI for seven days. Review of Medication Administration Record (MAR) indicated Resident #33 completed the course of antibiotic Bactrim 800-160 mg, receiving 14 doses from 4/20/26 through 4/26/26. Review of Resident #33's current Care Plan indicated but was not limited to the following:1. Incontinence: Resident has a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	potential for complications associated with bowel and urinary incontinence, dated 10/24/25.-Report any changes in bladder or bowel status to nurse such as: Low urine output, foul smelling urine, discolored urine, pain, bladder dissension, frequency, urgency, date initiated 10/24/25.-Report change in bladder status to physician, date initiated 10/24/25.2. The resident is at risk for infection Related to: History of recurrent UTIs-prophylactic treatment in place pending urinalysis and culture results, Date initiated 4/28/26.-Monitor for worsening symptoms of infection and notify the physician, Date initiated 4/28/26. Review of Resident #33's Nursing Notes indicated the following:1. 4/20/26 at 2:41 P.M., Resident #33 evaluated for infection this date related to new antibiotics orders placed by Physician #1. Resident #33 recently complained of dysuria, pain in urinating and frequency. Urinary analysis with culture and culture and sensitivity (UA/CS) completed with no new findings noted. -Resident #33 does not meet meagers (sic) criteria for antibiotic use at this time. -Physician #1 aware continue antibiotic therapy with Bactrim DS 800-160 BID a day, times five days. Note written by Unit Manager #1.2. 4/24/26 at 7:29 A.M., Patient did complain of pain during shift, also discomfort with urinating, advised he/she has a UTI and is on antibiotic treatment, urine in brief is yellow with strong odor, no blood noted, patient does not have any pain to the flank or back area when assessed. Patient did not want to go to the emergency room for further evaluation and stated if it gets worse he/she will let the nurse know. Written by Nurse #6.3. 4/27/26 at 1:38 P.M., Resident reported to this nurse of continuing burning while urinating and right flank and lower abdominal cramping. Upon assessment, there was no redness or irritation in the perineal area, no distension noted. No signs of trauma noted at this time. Resident has completed recent antibiotic therapy for UTI, message left for Physician #1 with Resident's concerns and nurse finding. Note written by Nurse #4.-4/27/26 at 1:47 P.M., Physician #1 consulted regarding urinary symptoms new orders received to repeat urinalysis and urine culture with sensitivity. Resident in agreement at this time. Note written by Nurse #4.During an interview on 4/27/26 at 1:25 P.M., Nurse #4 said he works four days a week and he is aware Resident #33 had a UA/CS which was not positive with less than 100,000 (cfu), but Resident #33 was started on antibiotics because of his/her symptoms of dysuria. Nurse #4 said there was never a CS because the urine was negative. Nurse #4 said he was not aware Resident #33 still had symptoms. During an interview on 4/27/26 at 1:25 P.M., with Nurse #4 present, Resident #33 said he/she had burning with urination this morning and pain over the weekend with urination. Resident #33 asked Nurse #4 if he/she was still on an antibiotic. Nurse #4 said no, you finished it last night. Resident #33 said then maybe he/she should go to the hospital for IV antibiotics because he/she can't take a chance with one kidney. Nurse #4 said the Nurse Practitioner is coming in tomorrow, we will wait and see what she says. During a telephonic interview on 4/27/26 at 1:42 P.M., Lab Contractor Manager (LCM) #1 said Resident #33's urinalysis was collected on 4/17/26 and the final report was sent 4/22/26. LCM #1 said Bactrim was not sensitive to bacteria and said it was most resistant, meaning it was resistance to the bacteria organism at the highest number of 320 (Antibiotic was not sensitive to Proteus mirabilis). During a telephonic interview on 4/27/26 at 1:51 P.M., Physician (MD) #1 said the urine results initially came back and she was not sure if Resident #33 was infected or colonized with bacteria but started Resident #33 on antibiotics because of his/her symptoms. MD #1 said she was not aware of the C&S results until today, the facility did not call her and she admits she should have looked at them herself. MD #1 said she was looking at the C&S now and the bacteria was not susceptible to Bactrim. MD #1 said she was not aware Resident #33 had ongoing urinary tract symptoms of burning with urination, or symptoms over the weekend. MD #1 said she would probably start Resident #33 on a stronger antibiotic knowing the antibiotic he/she was on was not effective and the Resident is still having symptoms. During an interview on 4/28/26 at 10:19 A.M., Resident # 33 said he/she still has burning with urination, and they just started him/her on a new antibiotic twice a day for seven days. During an interview on 4/28/26 at 3:14 P.M., Unit Manager (UM) #1 said once the lab returns the culture and sensitivity (CS) report, the nurse calls the doctor to notify them of the results and writes a nursing note. UM #1 was not aware Resident #33 had complaints of urinary pain (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	over the weekend. UM #1 said the nurse should have notified the doctor of the persisting symptoms. During an interview on 4/28/26 at 3:10 P.M., the Director of Nursing (DON) said she is now aware of an issue with an antibiotic for Resident #33. The DON said when lab results come back in the building the nurse should call and fax the results to the physician for review. The DON said in this case the lab report indicated Physician #1 reviewed the lab results on 4/22/26 at 5:00 P.M. and didn't make any changes. The DON said it was out of her scope of practice to call and confirm the doctor wants to continue the medication even if it wasn't sensitive. The DON said she was not aware that Physician #1 had said to the surveyor she was aware of the culture and sensitivity report and the new lab system was hard to see the results. The DON said she was aware of the nursing note over the weekend which indicated Resident #33 was still having urinary tract pain overnight. The DON said she was not aware of the physician being notified of the continued symptoms. During an interview on 4/28/26 at 3:56 P.M., Nurse #6 said she was not aware the antibiotic Resident #33 was on was not sensitive to the bacteria on the C&S report. Nurse #6 said she just thought Resident #33 was already on an antibiotic and she told the Resident to push fluids and offered to send the Resident to the hospital, but he/she declined. Nurse #6 said she would normally notify the doctor and pass it on in report, but she can't remember if she did. Nurse #6 said she just got in report that Resident #33 is on a new antibiotic. Refer to F881

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, record review, and interview, the facility failed to ensure it was free from a medication error rate of greater than 5% when two of two nurses observed during the medication pass made three errors out of 31 opportunities, resulting in a medication error rate of 9.68%. Those errors impacted two Residents (#68 and #32). Specifically:a. For Resident #68, the nurse administered the wrong aspirin and failed to administer a lidocaine patch (local anesthetic for pain management) as ordered; andb. For Resident #32, the nurse administered the wrong aspirin. Findings include:Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated but was not limited to the following:Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers. Review of the facility's policy titled Medication Administration, dated as last revised 5/2025, indicated but was not limited to the following:-Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection-Review medication administration record (MAR) to identify medication to be administered.-Compare medication source with MAR to verify medication name, form, dose, route and time.-Administer medication as ordered.-Sign MAR after administered. a. Resident #68 was admitted to the facility in October 2025 with diagnoses including hypertensive retinopathy (damage to the retina due to hypertension) and chronic pain. On 4/27/26 at 8:31 A.M., the surveyor observed Nurse #3 prepare and administer Resident #68's scheduled 9:30 A.M., medications which included:- Enteric Coated (EC) Aspirin 81milligrams (mg) tablet, one tablet. Review of the Physician's Orders indicated but were not limited to the following:-Aspirin 81 Oral Tablet Chewable 81mg give one tablet by mouth one-time a day related to hypertensive retinopathy (revised 4/6/26).-Lidocaine External Patch 4% apply to back topically one time a day for chronic pain and remove per schedule (revised 4/6/26).Nurse #3 failed to administer the correct form of aspirin.Nurse #3 failed to administer the lidocaine patch. Review of the MAR indicated but was not limited to the following:-Aspirin 81mg oral tablet Chewable was signed off as administered.-Lidocaine External Patch 4% was signed off as administered. During an interview on 4/27/26 at 3:10 P.M., Family Member #1 observed Resident #68's lower back and said there is no patch in place. He/she said the Resident usually has a patch on his/her lower back and does not today.During an interview on 4/27/26 at 3:21 P.M., Nurse #3 said she administered the lidocaine patch to Resident #68 later in the day. She said she does not remember the exact time; however, she documented it when she administered it. Nurse #3 said she does not know why she gave EC aspirin instead of chewable aspirin. She said they are not the same medication.Review of the Medication Administration Audit Report for Resident #68 indicated but was not limited to the following:-Aspirin 81mg oral tablet Chewable administered on 4/27/26 at 8:37 A.M.-Lidocaine External Patch 4% administered on 4/27/26 at 8:31 A.M. b. Resident #32 was admitted to the facility in November 2015 with diagnoses which include hypertension and hyperlipidemia (high cholesterol).On 4/27/26 at 9:06 A.M., the surveyor observed Nurse #2 prepare and administer Resident #32's scheduled morning medications which included:- EC Aspirin 81mg tablet, one tablet.Nurse #2 failed to administer the correct form of aspirin. Review of the Physician's Orders indicated but were not limited to the following:-Aspirin Tablet Chewable 81mg Give one tablet by mouth one time a day for reduce cardiac event (revised 3/18/26). Review of the MAR indicated but was not limited to the following:-Aspirin Tablet Chewable 81mg was signed off as administered. During an interview on 4/27/26 at 2:23 P.M., Nurse #2 said the dose of the aspirin is the same, it was only the kind of aspirin that was different. She said she will notify her supervisor of the error. During an interview on 4/28/26 at 1:34 P.M., the Director of Nursing (DON) said her expectations are for all medications to be administered as ordered by the physician. She said EC aspirin and chewable aspirin are different medications. DON said the lidocaine patch should have been administered to the Resident when documented as given.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 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, interviews, and document review, the facility failed to ensure medications with a shortened expiration date were properly labeled once opened, in one of two medication carts observed. Findings include:Review of the facility's policy titled Medication Storage, dated 05/2025, indicated but was not limited to:-Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Review of the facility's policy titled [Medication Management Company Name], Medications with Shortened Expiration Dates, dated 2025, indicated but was not limited to:-Once these products are opened, they must be used within a specific timeframe to avoid reduced stability and sterility and potentially, reduced efficacy. These medications should be labeled in such a way that the Beyond Use Date is securely attached to a part of the package and will not be discarded. Beyond use dating can be found in the product's package insert under the How Supplied/Storage and Handling section.-Clinical education provided by [Medication Management Company Name]'s LTC pharmacy divisions, Remedi and ProCare [sic].-Injectable Diabetes Medications - Insulins:a. Brand Name: Novolog mix 70/30; Stability, in Use, Room Temperature: Vial 28 days;b. Brand Name: Lantus; Stability, in Use, Room Temperature: Vial 28 days. On 4/26/26 at 10:10 A.M., the surveyor and Nurse #5 inspected the medication cart on Unit 200 Hall A and observed the following:-one partially used vial of Novolog insulin labeled with a resident name with no opened or discard date;-one partially used vial of Lantus insulin with no resident name and no opened or discard date. During an interview on 4/26/26 at 10:10 A.M., Nurse #5 said opened insulin vials should be labeled with the open date and discard date and there was a chart in the medication storage room that indicated the timeframes for medications with shortened expiration dates. Nurse #5 said the Novolog and Lantus insulin vials had a shortened expiration date of 28 days once opened. During an interview on 4/26/26 at 10:40 A.M., Unit Manager #2 said insulin vials should be labeled with the date they were opened and the discard date. During an interview on 4/28/26 at 12:25 P.M., the Director of Nursing said the Novolog and Lantus have shortened expiration dates and should have been labeled with the open and discard date upon opening.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and document review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to follow proper hand hygiene protocols while administering medications for two Residents (#5 and #68), out of three residents observed during medication administration.Findings include:Review of the facility's policy titled Hand Hygiene, dated as revised 9/2025, indicated but was not limited to the following:-All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors.-If your task requires gloves, perform hand hygiene prior to donning (putting on) gloves, and immediately after removing gloves.Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the hand hygiene table- before preparing or handling medications. Review of the facility's policy titled Medication Administration, dated as last revised 5/2025, indicated but was not limited to the following:-Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection-Wash hands prior to administering medication per facility protocol and product. On 4/27/26 at 8:31 A.M., the surveyor observed Nurse # 3 approach her medication cart and began taking medications out of the cart and placing them in a clear plastic medication cup. Nurse #3 did not perform hand hygiene prior to prepping the medications. She poured a cup of water and brought the medications and the water into Resident #68's room and administered the medications to Resident #68. Nurse #3 then entered the Resident's bathroom and took a piece of toilet paper off the toilet paper roll and returned to her medication cart in the hallway. She placed the piece of toilet paper on top of her medication cart, opened the top drawer, removed a bottle of eye drops and donned (put on) gloves. Nurse #3 did not perform hand hygiene after administering the medications or prior to donning gloves. Nurse #3 took the piece of toilet paper and the bottle of eye drops, entered Resident #68's room and administered the eye drops to Resident #68. Nurse #3 handed the Resident the piece of toilet paper. Resident #68 dabbed her eyes with the piece of toilet paper. On 4/27/26 at 8:43 A.M., the surveyor observed Nurse #3 begin taking medications out of the cart and placing them in a clear plastic medication cup. Nurse #3 did not perform hand hygiene prior to prepping the medications. She placed a scoop of applesauce on top of the medications and poured a cup of water and brought the medications and the water into Resident #5's room. Nurse #3 administered the medications to the Resident. During an interview on 4/27/26 at 8:54 A.M., Nurse #3 said she thought she completed hand hygiene prior to giving medications and must have forgotten. She said she needed to put on gloves to administer eye drops and should have done hand hygiene prior to putting them on. Nurse #3 said she usually uses the hand sanitizer on her medication cart or the pump on the wall and does not know why she did not do it. During an interview on 4/28/26 at 1:34 P.M., the Director of Nursing (DON) said her expectations are for hand hygiene to be completed prior to preparing medications and donning gloves. The DON said the nurse should have given the Resident a tissue that was not taken out of the bathroom off the exposed toilet paper roll to reduce the risk of cross-contamination.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on interview and record review, the facility failed to implement an antibiotic stewardship program that promoted the appropriate use of antibiotics and included a system of monitoring to improve resident outcomes and reduce antibiotic resistance. Specifically, the facility failed to ensure:1. Resident #33 received an antibiotic that was effective in treating an infection following a culture and sensitivity; and2. Resident #27's antibiotic use was reviewed for appropriateness for continued use following a culture with no growth of bacteria identified. Findings include:Review of the facility's policy titled Antibiotic Stewardship Program, revised May 2025, indicated the following:-the purpose of the program is to optimize the treatment of infections while reducing the adverse events associated with antibiotics-the Director of Nursing uses their influence as nurse leaders to help ensure antibiotics are prescribed only when appropriate-monitor response to antibiotics, and laboratory results when available, to determine if the antibiotic is still indicated or adjustments should be made (e.g. antibiotic time-out).-nursing will monitor the initiation of antibiotics on residents and conduct an antibiotic timeout within 48-72 hours of antibiotic therapy to monitor response to the antibiotic and review laboratory results and will consult with the practitioner to determine if the antibiotic is to continue or if adjustments need to be made based on the findings Review of the facility's policy titled Infection Surveillance, revised May 2025, indicated the Registered Nurses (RN) and Licensed Practical Nurses (LPN) participate in surveillance through assessment of residents and reporting changes in condition to the resident's physicians and management staff. Examples of notification of triggers include, but are not limited to microbiology test results show drug resistance. 1.Resident #33 was admitted to the facility in October 2025. Review of the medical record indicated Resident #33 was tested for a urinary tract infection (UTI) on 4/17/26 related to painful urination. Review of the Physician Progress Note, dated 4/20/26, indicated based on the urinalysis and symptoms Resident #33 was started on an antibiotic of Bactrim DS (double strength) 800-160 mg (milligrams) twice per day for seven days. Review of the culture and sensitivity, dated 4/22/26, indicated the antibiotic Bactrim DS was not effective in treating Resident #33's infection. During an interview on 4/27/26 at 1:51 P.M., Physician #1 said when the initial urine results came back, she initiated an antibiotic (4/20/26) for Resident #33 based on reported symptoms and was unsure if the Resident was infected or colonized with bacteria. She said she was not aware of the results of the culture and sensitivity until the surveyor inquiry and was reviewing them on this day. She said the facility had not called her to let her know the bacteria was resistant to Bactrim DS. She said the antibiotic Resident #33 was receiving was not effective. During an interview on 4/28/26 at 11:14 A.M., the Director of Nurses (DON) said she was the infection preventionist. She said the process for suspected UTIs was for the nursing staff to complete an infection assessment and inform the physicians of the results of the assessment. She said if a resident presents with symptoms the physician will wait for laboratory results prior to starting an antibiotic. She said the laboratory (lab) results are reviewed and addressed with the physician following the culture and sensitivity. The DON reviewed the culture and sensitivity for Resident #33 and said the infection was resistant to Bactrim DS (making the antibiotic ineffective). She said for Resident #33 she can see in the lab electronic system that the physician looked at the culture and sensitivity results on 4/22/26. She said the facility did not contact the physician to review the continued use of the antibiotic because it was the physician's responsibility to check the lab results and was outside of her nursing scope of practice to review this with the physician. The DON said the practice for a 48-72-hour timeout occurred prior to the antibiotic starting. 2. Resident #27 was admitted to the facility in January 2026 with a diagnosis of chronic kidney disease with a nephrostomy tube (tube to drain urine). Review of the nursing progress notes indicated on 3/4/26 Resident #27 presented with increased confusion with hallucinations. The physician was notified and lab work was ordered including a urinalysis. The physician ordered the antibiotic Levaquin 250 mg for seven days. The nursing progress notes (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225536	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Healthcare at Harrington House	160 Main Street Walpole, MA 02081

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated that although the urinalysis results did not support the use of antibiotics, the physician would like to continue the use based on blood work and urinalysis. Review of Resident #27's urine culture, dated 3/5/26, indicated there was no growth of a bacteria. The laboratory work failed to indicate the culture was reviewed by the physician. Review of the nursing progress notes and assessments failed to indicate the culture results with no growth were reviewed with the physician for re-evaluation of the antibiotic. During an interview on 4/28/26 at 11:20 A.M., the DON said there was no documentation to indicate the antibiotic for Resident #27 was reviewed by the physician following the culture results of no growth. She said the facility did not contact the physician to review the continued use of the antibiotic because it was the physician's responsibility to check the lab results and was outside of her nursing scope of practice to review this with the physician. During an interview on 4/28/26 at 2:03 P.M., Unit Manager #1 said the process was for the nursing staff to notify the physicians following the culture and sensitivity for review of appropriate antibiotics. Unit Manager #1 said she was not aware of what an antibiotic time out was. During an interview on 4/28/26 at 2:15 P.M., Unit Manager #2 said the process was for the nursing staff to call to alert the physicians of culture and sensitivity results in order to see if changes should be made.