STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225538	A. Building B. Wing	01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Cape Cod Nursing & Rehabilitation Center	8 Lewis Point Road Buzzards Bay, MA 02532

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility failed to ensure for two Residents (#34, #6), from a total sample of 18 residents, that each Resident's drug regimen was free from unnecessary psychotropic medications to promote or maintain the Residents' highest practicable mental, physical, and psychosocial well-being. Specifically, the facility failed for Residents #34 and #6 to ensure a gradual dose reduction (GDR) of psychotropic medication was attempted in an effort to discontinue these drugs, unless documented in the medical record by the prescriber as clinically contraindicated. Findings include:Review of the facility's policy titled Use of Psychotropic Medication, revised December 2024, indicated but was not limited to the following: - The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with the residents, their families, and/or representatives, other professionals, and the interdisciplinary team. - Residents who use psychotropic drugs shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs. A. Resident #34 was admitted to the facility in October 2022 with diagnoses including bipolar disorder, dementia with behavioral disturbances, anxiety disorder, and depression. Review of the Minimum Data Set (MDS) assessment, dated 12/11/25, indicated Resident #34 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of 15, and received antipsychotic medication daily. Review of the medical record indicated Physician's Orders included but was not limited to: - Ativan Tablet 0.5 milligrams (MG) (used to treat anxiety) Give 0.5 MG by mouth one time a day (7/21/25). - Cymbalta Oral Capsule Delayed Release Particles 30 MG (use to treat depression). Give 30 MG by mouth one time a day (8/23/25). - Doxepin HCL Oral Capsule 10 MG (used to treat depression). Give 1 capsule by mouth at bedtime for sleep (12/18/25). - Wellbutrin XL Tablet extended Release 24 Hour 150 MG (used to treat depression). Give 300 MG by mouth one time a day (12/12/25). - Lurasidone HCl Oral Tablet 20 MG (used to treat bipolar disorder). Give 1 tablet by mouth at bedtime (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Lewis Point Road Buzzards Bay, MA 02532	

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(9/23/25). Review of the Pharmacy recommendations, dated 12/22/25, indicated the last GDR recommendation for Doxepin, Wellbutrin, Ativan, Lurasidone was declined on 10/23/24 by the Nurse Practitioner (NP), with an indication that Resident #34 was having psychiatric symptoms at the time. Review of February 2025 through January 2026 Medication Administration Records (MAR) indicated psychotropic medications were administered as ordered by the physician. Review of Resident #34's Physician (MD) and Nurse Practitioner (NP) progress notes from February 2025 through January 2026 failed to indicate documentation that a GDR was attempted or a rationale for why a GDR was clinically contraindicated for Resident #34 as follows: - NP progress note, 2/17/25, mood and behaviors are stable, not agitated, cooperative, anxiety stable, continue Ativan. Continue all current prescribed medications and monitor. - NP progress note, 3/20/25, moods and behaviors are stable, not agitated, cooperative. Continue Wellbutrin and Ativan. Continue all current prescription medication. - NP progress note, 3/30/25, continue Wellbutrin and Ativan. Continue all current prescription medication. - NP progress note, 4/21/25, continue Wellbutrin. Continue all current prescription medication. - NP progress note, 6/7/25, continue Wellbutrin. Continue all current prescription medication. - MD progress note, 6/25/25, continue current psychotropic medications. Continue all current prescription medication. - NP progress note, 7/7/25, mood and behaviors are stable, cooperative. Continue Ativan. Continue current psychotropic medications. - NP progress note, 9/12/25, mood and behaviors stable, cooperative, continue Ativan, continue current psychotropic medication. - MD progress note, 9/24/25, cooperative, continue all current prescription medication. - NP progress note, 10/29/25, psych cooperative, continue all prescription medication. - NP progress note, 11/14/25, mood and behavior stable, cooperative. Continue current psychotropic medication. - NP progress note, 12/2/25, cooperative, continue current psychotropic medication. - MD progress note, 12/17/25, cooperative, continue all current prescription medication. During an interview on 1/15/26 at 12:00 P.M., Unit Manager #1 said all recommendations for GDRs go to the Director of Nursing (DON) for review with prescriber and any recommendations would be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Lewis Point Road Buzzards Bay, MA 02532	

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documented. During an interview on 1/20/26 at 11:21 A.M., the DON said GDR recommendations are reviewed by herself and the providers when recommended by the pharmacist and/or psych NP. The DON said providers and herself will re-evaluate a resident's need for a GDR approximately every six months. The DON said she was unable to find any clinical contraindication documentation on a GDR for Resident #34. B. Resident #6 was admitted to the facility in September 2023 and had diagnoses including anxiety, depression and Post-Traumatic Stress Disorder (PTSD). Review of the MDS assessment, dated 11/26/25, indicated Resident #6 was cognitively intact as evidenced by a BIMS score of 15 out of 15, and received psychotropic medication daily. Review of the medical record indicated Physician's Orders including but not limited to: -Venlafaxine XR (Effexor-antidepressant) 75 MG two times a day for persistent emotional storming (7/8/25) -Mirtazapine (Remeron-antidepressant) 45 MG one time a day for depression (3/19/24) -Lamotrigine (Lamictal-anticonvulsant used for mood stabilization) 100 MG twice a day (8/12/25) -Clonazepam (Klonopin-antianxiety) 1 MG in the morning for anxiety (7/30/25) -Clonazepam 1.5 MG at bedtime for anxiety (7/30/25) Review of March 2025 through January 2026 MARs indicated the psychotropic medications were administered as ordered by the physician. Review of the following MD and NP progress notes from February 2025 to January 2026 failed to indicate documentation that a GDR was attempted or a rationale for why a GDR was clinically contraindicated for the Resident as follows: -NP Progress Note, dated 2/14/25, moods and behaviors are stable. Continue Remeron, Effexor, Clonazepam. -NP Progress Note, dated 2/18/25, patient stable on exam. Seen by psych with recommendation to increase Lamotrigine to 50 mg twice a day. Continue Clonazepam, Effexor and Remeron. -NP Progress Note, dated 3/14/25, moods are stable. Continue Lamotrigine, Clonazepam, Effexor and Remeron. -NP Progress Note, dated 4/18/25, moods are stable. Continue Lamotrigine, Clonazepam, Effexor and Remeron. -NP Progress Note, dated 5/2/25, patient stable on exam. Continue Lamotrigine, Clonazepam, Effexor and Remeron. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Lewis Point Road Buzzards Bay, MA 02532	

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-NP Progress Note, dated 5/9/25, moods are stable. Continue Lamotrigine, Clonazepam, Effexor and Remeron. -MD Progress Note, dated 6/18/25, review of systems negative for psych. Continue current psychotropic medications. -NP Progress Note, dated 7/14/25, moods and behaviors are stable. Continue current psychotropic medications. -NP Progress Note, dated 9/5/25, moods and behaviors are stable. Continue current psychotropic medications. -NP Progress Note, dated 9/19/25, continue all current prescription medication and monitor. -MD Progress Note, dated 10/1/25, review of systems negative for psych. Continue current psychotropic medications. -NP Progress Note, dated 11/14/25, seen by psych on 11/10/25 with no new recommendations. review of systems negative for psych. Continue current psychotropic medications. -MD Progress Note, dated 11/30/25, review of systems negative for psych. Continue all current prescription medication and monitor. -NP Progress Note, dated 1/9/26, moods and behaviors are stable. Continue all current prescription medication and monitor. -NP Progress Note, dated 1/13/26, anxiety disorder stable. Continue with all current prescription medication and monitor. During an interview on 1/20/26 at 2:00 P.M., the DON reviewed Resident #6's medical record. She said she could not find any documentation from either the Physician or NP to indicate an evaluation for a potential GDR of psychotropic medications was conducted or any documentation of a clinical rationale that a GDR was contraindicated. She said she was not aware that prescribers had to document this information in the medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225538	A. Building B. Wing	01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Cape Cod Nursing & Rehabilitation Center	8 Lewis Point Road Buzzards Bay, MA 02532

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure two Residents (#28 and #10), out of a total sample of 18 residents, received care and treatment to pressure areas in accordance with professional standards to promote healing. Specifically, the facility failed:1. For Resident #28, to implement treatments as indicated to pressure ulcers on the Resident's left medial buttocks; and 2. For Resident #10, to implement treatments as indicated to a pressure ulcer on the Resident's right medial buttocks.Findings include:Review of the facility's policy titled Pressure Injury Prevention and Management Policy, revised 5/2025, indicated, but was not limited to, the following:-Assessments of pressure injuries will be performed by a licensed nurse, and documented in th [sic] resident's medical record. The staging of pressure injuries will be clearly identified to ensure correct coding on the MDS (Minimum Data Set). -Evidenced-based treatments in accordance with current standards of practice will be provided for all residents who have a pressure injury present.-The attending physician will be notified of:i. The presence of a new pressure injury upon identification.ii. The progression towards healing, or lack of healing, of any pressure injuries weekly.iii. Any complications (such as infection, development of a sinus tract, etc.) as needed. Review of the facility's policy titled Skin Integrity Management, undated, indicated, but was not limited to, the following:-Residents with actual skin breakdown are identified, assessed and provided treatment according to standards of practice.-Refer to wound MD/wound clinic as appropriate. Implement wound care modalities. Review of the facility's policy titled Wound Treatment Management, revised 1/2025, indicated, but was not limited to, the following:-In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders.-Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change.-Dressing changes may be provided outside the frequency parameters in certain situations:a. Feces has seeped underneath the dressing.b. The dressing has dislodged.c. The dressing is soiled otherwise or is wet.-Treatments will be documented on the Treatment Administration Record or in the electronic health record.-The effectiveness of treatments will be monitored through ongoing assessment of the wound. 1. Resident #28 was admitted to the facility in January 2025 with diagnoses including moderate protein-calorie malnutrition and Alzheimer's disease. Review of the Minimum Data Set (MDS) assessment, dated 12/23/25, indicated Resident #28 was moderately cognitively impaired, as evidenced by a Brief Interview for Mental Status (BIMS) score of 8 out of 15. Further review of the MDS assessment indicated the Resident had two unstageable pressure injuries presenting as deep tissue injury (DTI- pressure-related injury to subcutaneous tissues under intact skin, which may initially appear as a deep bruise) that were not present upon admission/readmission to the facility. Review of Resident #28's Care Plan indicated, but was not limited to, the following:Focus: The Resident has a DTI of the left medial buttockInterventions:-Administer medications as ordered. Monitor/document for side effects and effectiveness.-Administer treatments as ordered and monitor for effectiveness.-Assess/record/monitor wound healing every dressing change. Measure length, width and depth where possible. Assess and document status of wound perimeter, wound bed and healing progress. Report improvements and declines to the MD.-Follow facility policies/protocols for (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Lewis Point Road Buzzards Bay, MA 02532	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the prevention/treatment of skin breakdown.-Inform the resident/family/caregivers of any new area of skin breakdown.-Monitor/document/report PRN (as needed) any changes in skin status: appearance, color, wound healing, s/sx (signs/symptoms) of infection, wound size (length X width X depth), stage.-Weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate (drainage)-Wound MD consult PRN Review of Resident #28's Progress Notes indicated that on 12/13/25, Nurse #2 observed two areas on the Resident's left buttocks, deep purple in color and non-blanchable. The nurse documented that area #1 measured 3 cm (centimeters) by 0.25 cm with no depth and area #2 was a 1 cm round area. Nurse #2 documented that she cleansed the areas and applied Eucerin cream. Review of Resident #28's Skin Assessment, dated 12/13/25, indicated the following:-Left buttocks- 2 new areas. #1- 3 cm Lx 0.25 cm W 0 depth. #2 - dime sized area 0 depth 1 cm round. Deep purple, non-blanchable. Review of Resident #28's medical record indicated the Resident was transferred to the hospital on [DATE]. Review of the eINTERACT Transfer Form (a document used to help clearly communicate the information that is critical for hospital staff to care for a resident) indicated the Resident had no pressure ulcers and was not receiving treatment. Review of Resident #28's Consultant Wound Physician progress notes indicated the Resident's left medial buttock deep tissue injury was first assessed by the consultant wound physician on 12/26/25. The Consultant Wound Physician documented the area of deep tissue injury to the Resident's left medial buttock measured 2.6 cm by 1.7 cm and the skin was intact with purple/maroon discoloration. The Consultant Wound Physician made the following recommendations: treatment with house barrier cream every shift and as needed to the area, turn side to side in bed as tolerated, dietitian consult, protein supplement, and upgrade off-loading chair cushion. Review of Resident #28's Certified Nursing Assistant (CNA) documentation, dated 12/17/25 through 1/2/26, indicated barrier cream was applied to the Resident's coccyx, heels, and elbows two to three times daily. The documentation did not indicate barrier cream was applied to the Resident's left medial buttocks. Review of Resident #28's Physician's Orders and Treatment Administration Record (TAR) for December 2025 indicated treatment and monitoring orders for the Resident's left buttock wounds were not implemented until 12/29/25. During an interview on 1/15/26 at 1:01 P.M., the Infection Control Nurse (who oversees the unit where Resident #28 resides) said he was not sure why the Resident did not have any new orders implemented for monitoring and/or treatment of the deep tissue areas until 16 days after they were initially discovered. During an interview on 1/20/26 at 7:13 A.M., Nurse #2 said she did not place a call to the physician or after-hours consulting service but documented the areas in the physician communication log for the physician to review later. Nurse #2 said she did not implement a new treatment as she wanted to wait and see what the physician recommended. During an interview on 1/20/26 at 9:08 A.M., the Director of Nursing (DON) said the facility implements barrier cream treatment for all residents as part of the facility's house protocol for skin (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER: Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 8 Lewis Point Road, Buzzards Bay, MA 02532	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	breakdown prevention. The DON said the on-call provider should have been notified of the new pressure areas and notification and any recommendations should have been documented in the Resident's medical record. During an interview on 1/20/26 at 1:01 P.M., the Consultant Wound Physician said he was informed by facility staff that Resident #28 had a new area of deep tissue injury, but he forgot to check the area the first time he saw the Resident after he/she returned from the hospital, but when he saw him/her on his second visit (12/26/25) the area had improved from when it had initially been discovered. 2. Resident #10 was admitted to the facility in November 2025 with diagnoses including but not limited to spinal cord infarction and stage three (full-thickness skin loss, exposing the underlying fatty tissue) pressure ulcer of the right buttock. Review of Resident #10's MDS assessment indicated he/she was cognitively intact as evidenced by a BIMS score of 15 out of 15. The MDS assessment indicated Resident #10 had one stage III pressure ulcer on admission to the facility, was receiving pressure ulcer care and required assistance for functional mobility and activities of daily living. During an interview on 1/15/26 at 9:30 A.M., Resident #10 said he/she had a pressure ulcer on his/her coccyx. Resident #10 said he/she was followed by the consultant wound physician (MD) in the facility on a weekly basis and his/her dressings were changed daily. Review of Resident #10's comprehensive care plan for his/her stage III right buttock pressure ulcer indicated interventions including but not limited to administer treatments as ordered and monitor for effectiveness, assess/record/monitor wound healing every shift and monitor dressing every shift to ensure it is intact and adhering. Review of the Consultant Wound MD notes, dated 12/12/25, 12/17/25 and 12/26/25, indicated the following treatment recommendations for the stage III right medial buttock pressure ulcer: - Cleanse with normal saline, apply calcium alginate, cover with gauze island with border dressing and apply skin prep and house barrier cream to periwound. Review of the December 2025 TAR indicated the following treatment was applied to Resident #10's stage III right medial buttock pressure ulcer from 12/1/25 through 12/31/25: - Cleanse with normal saline, apply xeroform, cover with gauze island with border dressing and apply skin prep and house barrier cream to periwound. Review of Resident #10's medical record failed to indicate his/her treatment orders for the stage III right medial buttock pressure ulcer were updated to match the Wound Consultant MD recommendations for calcium alginate until 12/31/25, 19 days after it was first recommended. Review of Resident #10's medical record failed to include documentation indicating the change in the treatment order from the Consultant Wound MD recommendation for calcium alginate to xeroform between 12/12/25 and 12/31/25. During an interview on 1/16/26 at 9:37 A.M., Nurse #1 said Resident #10 is followed by the Consultant Wound MD for his/her pressure ulcers. Nurse #1 said the Consultant Wound MD typically visits the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Lewis Point Road Buzzards Bay, MA 02532	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility on Tuesdays and Fridays. Nurse #1 said either the nurse on the unit or the unit manager completes the assessment and dressing change with the Consultant Wound MD. Nurse #1 said after the Consultant Wound MD uploads their notes the Assistant Director of Nursing (ADON) updates the recommendations into the medical record. During an interview on 1/16/26 at 12:40 P.M., the ADON said after the Wound Consultant MD sends over their treatment recommendations either herself or the overnight nurse reviews the recommendations and updates the treatment orders in the medical record. The ADON said facility providers accept Wound Consultant MD recommendations as treatment orders. During an interview on 1/20/26 at 8:33 A.M., the ADON reviewed Resident #10's medical record, including the Wound Consultant MD recommendations and treatment orders. The ADON said the Wound Consultant MD recommendations from 12/12/25, 12/17/25 and 12/26/25 included application of calcium alginate and not xeroform. The ADON said the treatment orders from 12/1/25 through 12/31/25 for the stage III right medial buttock pressure ulcer order did not match the Wound Consultant MD recommendations and should have been updated to match those recommendations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Lewis Point Road Buzzards Bay, MA 02532	

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observations, interviews, and records reviewed, the facility failed to ensure a reasonable accommodation was made for two Residents (#66 and #81), out of 25 residents on the facility's Unit 4. Specifically, the facility failed to ensure the call system was accessible to the Residents to call for staff assistance. Findings include:Review of the facility's policy titled Call Lights: Accessibility and Timely Response Policy, revised 1/2025, indicated, but was not limited to, the following:-All residents will be educated on how to call for help by using the resident call system.-Each resident will be evaluated for unique needs and preferences to determine any special accommodations that may be needed in order for the resident to utilize the call system.-Staff will ensure the call light is within reach of residents and secured, as needed.-The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room.Resident #66 was admitted to the facility in October 2024 with diagnoses including cognitive impairment.Review of the Minimum Data Set (MDS) assessment, dated 1/1/26, indicated Resident #66 was severely cognitively impaired, as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15. Further review of the MDS indicated the Resident required assistance from staff for activities of daily living and able to ambulate with supervision or touching assistance.Review of Resident #66's Care Plan indicated, but was not limited to, the following:-Focus: I am at risk for falls r/t (related to) gait/balance problems, history of falls.-Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.Resident #81 was admitted to the facility in June 2024 with diagnoses including Alzheimer's Disease and seizures.Review of the MDS assessment, dated 11/27/25, indicated the BIMS was not conducted as the Resident is rarely/never understood. Further review of the MDS indicated the Resident was dependent on staff for activities of daily living and not ambulatory.Review of Resident #81's Care Plan indicated, but was not limited to, the following:-Focus: I am at risk for falls r/t Confusion, Gait/balance problems, Incontinence, Psychoactive drug use, Unaware of safety needs-Intervention: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. On 1/14/26 at 8:10 A.M., the surveyor observed Resident #66 lying in bed with the bed in low position. The Resident's call light and his/her roommate's (Resident #81) call light were secured above his/her bed, out of reach of the Resident. On 1/14/26 at 4:23 P.M., the surveyor observed Resident #81 lying in bed. The Resident's call light and his/her roommate's (Resident #66) call light were secured above his/her roommate's bed, out of reach of Resident #81.On 1/15/26 at 8:22 A.M., the surveyor observed Resident #66 lying in bed. The Resident's call light and his/her roommate's call light were secured above his/her bed, out of reach of the Resident.During an interview on 1/15/26 at 10:06 A.M., Certified Nursing Assistant (CNA) #1 said Resident #66 and Resident #81 should have their call lights within reach and do not have an alternative device in place to call for help (handbell, etc.). CNA #1 and the surveyor went to the Residents' room and observed both residents' call lights secured to the wall and out of reach of Resident #66, who was still lying in bed. CNA #1 said she did not know why the call lights would be there and that Resident #66 should have the call light within reach.During an interview on 1/20/26 at 9:08 A.M., the Director of Nursing said all residents' call lights should be within reach.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Lewis Point Road Buzzards Bay, MA 02532	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on observation, interview, and record review, the facility failed to ensure the physician was notified of new wounds for one Resident (#28), out of a total sample of 18 residents. Specifically, for Resident #28, the facility failed to notify the physician of the discovery of two areas of deep tissue injury (pressure-induced damage to underlying tissues while the skin surface might remain intact; typically resulting from sustained pressure and/or shear forces, which disrupt blood flow and lead to tissue damage).Findings include:Review of the facility's policy titled Pressure Injury Prevention and Management Policy, revised 5/2025, indicated, but was not limited to, the following:-The attending physician will be notified of:i. The presence of a new pressure injury upon identification.ii. The progression towards healing, or lack of healing, of any pressure injuries weekly.Resident #28 was admitted to the facility in January 2025 with diagnoses including moderate protein-calorie malnutrition and Alzheimer's Disease. Review of the Minimum Data Set (MDS) assessment, dated 12/23/25, indicated Resident #28 was moderately cognitively impaired, as evidenced by a Brief Interview for Mental Status (BIMS) score of 8 out of 15. Further review of the MDS assessment indicated the Resident had two unstageable pressure injuries presenting as deep tissue injury that were not present upon admission/readmission to the facility.Review of Resident #28's Progress Notes indicated that on 12/13/25, Nurse #2 observed two areas on the Resident's left buttocks, deep purple in color and non-blanchable. The nurse documented that area #1 measured 3 cm (centimeters) by 0.25 cm with no depth and area #2 was a 1 cm round area. Nurse #2 indicated she cleansed the areas and applied Eucerin cream. Review of Resident #28's Skin Assessment, dated 12/13/25, indicated the following:-Left buttocks- 2 new areas. #1- 3 cm Lx 0.25 cm W 0 depth. #2 - dime sized area 0 depth 1 cm round. Deep purple, non-blanchable.Review of Resident #28's Physician's Orders indicated treatment and monitoring orders for the Resident's left buttock wounds were implemented on 12/29/25. Review of Resident #28's physician and nurse practitioner progress notes failed to indicate the physician or nurse practitioner were notified of the discovery of a new pressure injury on 12/13/25.Review of Resident #28's consultant wound physician progress notes indicated the Resident's left medial buttock deep tissue injury was first assessed by the consultant wound physician on 12/26/25. Review of Resident #28's medical record failed to indicate the Resident's attending physician was notified of the discovery of the new pressure injury identified on 12/13/25. During an interview on 1/15/26 at 1:01 P.M., the Infection Control Nurse (who oversees the unit where Resident #28 resides) said he was not sure when he became aware of the area or why the attending physician was not notified. The Infection Control Nurse said he was not sure why the Resident did not have any new orders implemented for monitoring and/or treatment of the deep tissue areas until 16 days after they were initially discovered. During an interview on 1/20/26 at 7:13 A.M., Nurse #2 said when a new skin area is discovered, the nurse should document the area in a Skin Assessment and notify the attending physician. Nurse #2 said she did not place a call to the physician or after-hours consulting service but documented the areas in the physician communication log for the physician to review later. Nurse #2 could not find documentation in the physician communication log that the physician was notified. During an interview on 1/20/26 at 9:08 A.M., the Director of Nursing said when a new skin area is discovered, the nurse should notify the attending physician or after-hours coverage even if the information is passed on in shift report.The surveyor attempted to reach Resident #28's attending physician by phone on 1/20/26 but did not receive a return call.Refer to F686

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026
NAME OF PROVIDER OR SUPPLIER Royal Cape Cod Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8 Lewis Point Road Buzzards Bay, MA 02532	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review, the facility failed to ensure professional standards of care were met for one Resident (#3), out of a total sample of 18 residents. Specifically, the facility failed to ensure there was a physician's order for the flushing (using a syringe to gently push sterile liquid into the catheter to clear blockages from mucous, blood clots, or debris, ensuring it drains urine properly) of a Foley catheter.Findings include:Review of the Massachusetts Board of Registration in Nursing Advisory Ruling 9324 titled Accepting, Transcribing, and Implementing Prescriber Orders, dated as last revised April 11, 2018, indicated but was not limited to the following:-It is the responsibility of the licensed nurse to ensure that there is a proper patient care order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication. -Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescribers.-In any situation where an order is unclear, or a nurse questions the appropriateness, accuracy, or completeness of an order, the nurse may not implement the order until it is verified for accuracy with a duly authorized prescriber. Review of the facility's policy titled Catheter Irrigation, dated as reviewed/revised December 2024, indicated but was not limited to the following:-Urinary catheters shall be irrigated by a licensed nurse using sterile technique, under the orders of the physician.-Routine irrigation is not recommended.-Orders shall include the type and amount of irrigating solution or medication. Resident #3 was admitted to the facility in September 2025 with diagnoses including type II diabetes, enlarged prostate, retention of urine, and urinary tract infection. Review of the Minimum Data Set (MDS) assessment, dated 12/12/25, included Section H0100 Appliances which indicated Resident #3 had an indwelling catheter. Review of Resident #3's Nurse Progress Notes indicated that his/her Foley catheter was flushed on the following dates: 1/11/26, 1/9/26 at 23:09 and at 7:27, and 1/2/26. Review of Resident #3's January 2026 Physician's Orders failed to indicate there was an order for flushing the Foley catheter.During an interview on 1/13/26 at 2:45 P.M., Nurse #3 said Resident #3 has needed his/her Foley catheter flushed recently. Nurse #3 said that flushes for a Foley catheter require a Physician's order to indicate the amount and type of fluid to use. Nurse #3 said Foley catheter flushes should be documented on the resident's Treatment Administration Record (TAR). During an interview on 1/15/26 at 3:43 P.M., Unit Manager (UM) #1 said any resident needing Foley catheter flushes would have an order indicating the type and amount of solution to be used. UM #1 reviewed the physician's orders and said that Resident #3 did not have an order to flush his/her Foley catheter.On 1/16/26 at 4:12 P.M., the surveyor placed a call to Physician #2 to inquire for lack of an order to flush Resident #3's Foley catheter. As of the end of survey, no call was received. During an interview on 1/20/26 at 8:21 A.M., the Director of Nursing (DON) said Foley catheter flushes required a physician's order. The DON said she could not believe the order was missed as it was on the facility's order set for Foley catheters. The DON said Foley catheter flushes should have been documented on the TAR.

Printed: 07/02/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Cape Cod Nursing & Rehabilitation Center	8 Lewis Point Road Buzzards Bay, MA 02532

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 and interviews, the facility failed to ensure all drugs and biologicals used in the facility were stored in accordance with currently accepted professional principles. Specifically, the facility failed to ensure a treatment cart was locked when not in direct supervision of a licensed nurse on one of four units. Findings include: Review of the facility's policy titled Storage of Medications, undated, included but was not limited to:- The facility stores all drugs and biologicals in a safe, secure, and orderly manner.- Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls.- Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing drugs and biologicals are locked when not in use. On the following dates and times, the surveyor observed the Unit Three treatment cart to be unlocked and unattended with residents and outside vendors in the vicinity:- 1/15/26 at 10:11 A.M.,- 1/15/26 at 10:20 A.M.,- 1/15/26 at 10:30 A.M.,- 1/15/26 at 10:47 A.M.,- 1/15/26 at 2:03 P.M.,- 1/15/26 at 2:18 P.M., and- 1/15/26 at 2:28 P.M. The surveyor observed the Unit Three treatment cart to be unlocked for a total of 36 minutes between 10:11 A.M. and 10:47 A.M. on 1/15/26. Additionally, the surveyor observed the Unit Three treatment cart to be unlocked for a total of 25 minutes between 2:03 P.M. and 2:28 P.M. on 1/15/26. During an interview on 1/16/26 at 10:42 A.M., Nurse #1 said the treatment cart should be locked at all times. During an interview on 1/16/26 at 1:22 P.M., the Director of Nursing (DON) said treatment carts should always be locked when not in use or in direct supervision of the nurse. The DON and the surveyor reviewed the observations made throughout the survey. The DON said the treatment cart should have been locked.