STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225541	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlyle House	342 Winter Street Framingham, MA 01701

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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on interviews, and record review, the facility failed to ensure that the appropriate individual had the authority to make decisions regarding Advance Directives (legal documents that provide instructions for medical care when an individual is incapacitated) for one Resident (#26) out of a total sample of 13 residents. Specifically, for Resident #26, the facility failed to ensure that the MOLST (Massachusetts Medical Order for Life-Sustaining Treatment) Form was completed by a Legal Guardian (person assigned by the court to make decisions for an individual who is incapacitated) who had an expansion for the authority to make decisions about the Resident's Advance Directives relative to his/her wishes for life-sustaining treatments. Findings include: Review of the facility policy for Medical Orders - Life Sustaining Treatment, last revised 6/18/19, indicated:-to ensure that resident/responsible party's wishes concerning life sustaining treatment are documented properly and respected to the extent possible by the facility.-A guardian has the authority to request changes to an existing MOLST, or void the MOLST, provided the guardianship document includes an expansion to allow authorization for medical orders for life sustaining treatment. -Note: Guardianship documents may be specific as to which medical orders can be authorized. Ensure the document permits the changes being requested by the Guardian. Resident #26 was admitted to the facility in September 2020, with diagnoses including Paranoid Schizophrenia and Dementia. Review of Resident #26's clinical record indicated:-a MOLST Form signed on 4/15/21, by Resident #26's Legal Guardian with requests for DNR (Do Not Resuscitate), DNI (Do Not Intubate), DNH (Do Not Hospitalize), no dialysis, no artificial nutrition and no artificial hydration. -letters of Guardianship for an incapacitated person dated 9/16/20, without the expansion for authorization of Advance Directives.-the Legal Guardian did not have the authority to refuse or discontinue life-sustaining treatments on the Resident's behalf. Review of Resident #26's July 2025 Physician's orders indicated an order to follow the MOLST instructions. During an interview on 7/24/25 at 11:49 A.M., Social Worker (SW) #1 said that Resident #26's Legal Guardian was a friend, and not a family member. During an interview on 7/24/25 2:25 P.M., SW #1 said that Resident #26's MOLST Form was not valid because the Legal Guardian did not have the required Guardianship expansion to sign the Resident's MOLST Form for DNR, DNI, DNH, no dialysis, no artificial nutrition and no artificial hydration.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 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 code Minimum Data Set (MDS) Assessments as the clinical basis for care planning and care delivery for four Residents (#4, #20, #7 and #36) out of a total sample of 13 residents. Specifically: 1.For Resident #4, the facility failed to accurately code an intravenous line (IV) access when the Resident had an IV access in place. 2. For Resident #20, the facility failed to accurately code antidepressant and antipsychotic medications when the Resident was ordered for and being administered an antidepressant medication daily but was coded as receiving an antipsychotic medication when the Resident was not ordered for antipsychotic medication. 3. For Resident #7, the facility failed to accurately code for the administration of anti-anxiety medication when the Resident was ordered for and being administered anti-anxiety medication. 4. For Resident #36, the facility failed to accurately code for dialysis treatment when the Resident was routinely receiving dialysis services. Findings include: 1. Resident #4 was admitted to the facility in April 2025, with diagnoses including Urinary Tract Infection (UTI) and Benign Prostatic Hyperplasia with Lower Urinary Tract Symptoms. Review of the MDS dated [DATE] indicated Resident #4 had no IV access. Review of Resident #4’s July 2025 Physician’s orders indicated: -Bard midline single lumen placed left basilic, Gauge: 4 FR [French - catheter measurement], length int [sic] 15 cm (centimeters), total length 15 cm, arm circumference 27 cm. Start date 6/26/25. -flush IV with 10 cc (cubic centimeters) normal saline for patency, every night shift for patency. Start date 6/26/25. During an interview on 7/29/25 at 2:20 P.M., the MDS Nurse said Resident #4 did have IV access during the 7-day look back period for the MDS dated [DATE], and that the MDS was coded incorrectly. The MDS Nurse said the MDS should have been coded yes, the Resident did have IV access. 2. Resident #20 was admitted to the facility in February 2025, with diagnoses including Liver Disease Unspecified, Unspecified Dementia Unspecified Severity with Other Behavioral Disturbances and Major Depressive Disorder. Review of Resident #20’s MDS assessment dated [DATE], indicated the Resident was being administered an antipsychotic medication and was not being administered an antidepressant medication. Review of the Resident’s May 2025 Physician’s orders indicated: -Trazadone HCL Oral Tablet 50 mg [milligrams] (Trazadone HCL - antidepressant medication), give 0.5 [half] tablet by mouth at bedtime for mood and related symptoms (total dose 25 mg). Review of Resident #20’s May 2025 Medication Administration Record (MAR) indicated the Trazadone medication was administered as ordered by the Physician at bedtime. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the Resident’s May 2025 Physician’s orders and MAR failed to indicate that the Resident had an order for an antipsychotic medication or that he/she was administered an antipsychotic medication. During an interview on 7/29/25 at 2:20 P.M., the MDS Nurse said Resident #20 was receiving an antidepressant medication and was not receiving an antipsychotic medication during the 7-day look back period for the MDS dated [DATE]. The MDS Nurse said the MDS was coded incorrectly. The MDS Nurse said the MDS should have been coded yes for antidepressant medication and no for an antipsychotic medication use. 3. Resident #7 was admitted to the facility in December 2023 with diagnoses of anxiety disorder and Post-Traumatic Stress Disorder (PTSD). Review of Resident #7's July 2025 Physician's orders indicated: -ALPRAZolam Oral Tablet 0.25 mg (Alprazolam/ Xanax - anti-anxiety medication). Give 0.25 mg by mouth every 24 hours as needed (PRN) for anxiety. Start Date 5/25/25. Review of Resident #7's MAR for June 2025 indicated that the Resident was administered the ALPRAZolam medication on June 19th and June 23rd. Review of Resident #7's MDS assessment dated [DATE], failed to indicate any anti-anxiety medication administration for the Resident. During an interview on 7/29/25 at 1:49 P.M., the MDS Nurse said that Resident #7's MDS dated [DATE] was coded incorrectly for anti-anxiety medication. The MDS Nurse said that she had reviewed the Resident's June 2025 MAR, and the Resident did receive anti-anxiety medication twice during the MDS 7-day look back period. The MDS Nurse said that the Resident's MDS dated [DATE] should have indicated anti-anxiety medication use but it did not. 4. Resident #36 was admitted to the facility in October 2024 with diagnoses including Dependence on renal dialysis and Hypertensive Chronic Kidney Disease with Stage 5 Chronic Kidney Disease (CKD) or End Stage Renal Disease (ESRD). Review of Resident #36's July 2025 Physician's orders indicated: -Dialysis Appointment - Pickup Time 9:15am . every Day Shift Monday, Wednesday, Friday . Start date 1/8/25 Review of Resident #36's April 2025 MAR indicated that the Resident attended dialysis treatments in April 2025 on the following days: 4/2/25, 4/4/25, 4/9/25, 4/11/25, 4/14/25, 4/16/25, 4/18/25, 4/21/25, 4/23/25, 4/25/25, 4/28/25 and 4/30/25. Review of Resident #36's MDS assessment dated [DATE], failed to indicate that the Resident was receiving Dialysis Treatment. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/29/25 at 1:50 P.M., the MDS Nurse said that Resident #36's MDS dated [DATE] was coded incorrectly for Dialysis Treatment. The MDS Nurse said that the Resident had been receiving Dialysis Treatment since being admitted to the facility. The MDS Nurse said the Resident's MDS dated [DATE] should have indicated Dialysis Treatment for the Resident but it did not.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure that the Resident was provided the right to participate in the care plan process for one Resident (#26), out of a total sample of 13 residents. Specifically, the facility failed to ensure that quarterly care plan meetings were conducted as required for Resident #26, and that the Resident and/or Resident Representative were encouraged to participate in the care plan meetings. Findings include:Review of the facility policy titled Resident Assessment, release date 9/1/20, indicated:-to obtain the necessary information to develop and maintain an individualized interdisciplinary plan of care, treatment and services with appropriate education and training about each resident's illness and care needs. -once the comprehensive, interdisciplinary care plan is established, the interdisciplinary team [IDT] reviews the plan of care, treatment, services, and goals collaboratively with the resident and family/responsible party no later than 21 days after admission.-the interdisciplinary team evaluates the resident goals and effectiveness of the plan of care, treatment and services at least every 92 days or more frequently.-the resident goals and plan of care, treatment, and services are reviewed and revised, when necessary, with the interdisciplinary team collaboratively and with the resident, family or responsible party. Resident #26 was admitted to the facility in September 2020, with diagnoses including Paranoid Schizophrenia and Dementia. Review of the MDS (Minimum Data Set) assessment dated [DATE], indicated that Resident #26:-was cognitively impaired as evidenced by a Brief Interview of Mental Status (BIMS) score of 3 out of 15. -was English speaking.-is usually understood and usually understands others. During an interview on 7/23/25 at 7:52 A.M., Resident #26 said that he/she was unaware of what a care plan meeting was, but that he/she would like to be invited to them. Review of the MDS Schedule for Resident #26 indicated that the Resident had care plan meetings scheduled for 8/7/24, 11/6/24, 2/5/25 and 5/7/25. Review of Resident #26's clinical record failed to indicate documented evidence that the Resident participated in the care planning process with the IDT during quarterly care plan reviews as required, in August 2024, November 2024, February 2025 and May 2025. Further review of Resident #26's clinical record failed to indicate documented evidence as to why the Resident did not or could not participate in any care plan meetings, or refusals to participate in the meetings in 2024 and 2025. During an interview on 7/24/25 at 2:14 P.M., Social Worker (SW) #1 said that Resident #26 had not been invited to attend his/her care plans meetings. SW #1 said that she was unable to provide evidence from the clinical record that the Resident had been invited to or attended the care plan meetings in 2024 and 2025.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, and interview, the facility failed to ensure that drugs and biologicals were stored in accordance with currently accepted professional principles of practice on one Unit (Front Unit) and one (Medication Cart A) of two medication carts reviewed. Specifically, the facility failed to ensure that multi-dose vials of eye medications were dated once opened according to manufacturer's guidelines in the Front Unit medication storage room, and for Medication Cart A located on the Front Unit. Findings include:Review of the facility policy titled Medication Storage in the Facility, dated January 2024, indicated that .:-When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated.-The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration.-Medication in multidose containers may be used until the manufacturer's expiration date, or for the length of time allowed by the state regulation, whichever is less. -The date opened and/or the triggered expiration date should be recorded on a label for such purpose affixed to the vial. Expiration dates triggered by opening should be available either in the manufacturer's labeling or package insert, on a chart provided by the pharmacy, or from the pharmacist.-In the absence of manufacturer guidance for discarding multi-dose vials after opening, the facility will defer to the USP 797 guidelines which recommend discarding multi-dose vials (other than some Insulins) at 28 days after opening. Review of the facility policy titled Timolol Eye Drop Policy, undated, included:-most manufacturers recommend discarding Timolol eye drops 4 weeks after opening the bottle.-Risk of contamination: After opening, eye drops lose their sterile seal, making them susceptible to contamination by bacteria and other germs that can cause serious eye infections and even vision loss.-Loss of effectiveness: Over time, the active ingredients in eye drops can break down and become less potent, reducing their ability to treat the intended condition. Review of the facility policy titled Artificial Tears Policy, undated, included:-Unopened artificial tears generally last for 1 to 2 years from the manufacturing date. Once opened, the duration of use is significantly shorter. Most experts recommend discarding opened bottles of artificial tears, whether they contain preservatives or not, after 30 days. On 7/24/25 at 8:30 A.M., during a medication storage room observation on the Front Unit with the Director of Nursing (DON), the surveyor observed an open multi-dose vial of Timolol Maleate ophthalmic Eye Drop Solution 0.25% (eye medication) in the refrigerator. The surveyor further observed the open vial of ophthalmic solution did not have an open or use by date noted on the vial. During an interview at the time, the DON said that when a multi-dose vial of medication was opened it should be labeled with an open and use by date, but this open vial did not have either. On 7/24/25 at 9:57 A.M., the surveyor and Nurse #1 observed Medication Cart A on the Front Unit, and the surveyor observed an open multi-dose vial of Natural Tears eye drop solution with no open or discard date noted on the vial. When the surveyor asked, Nurse #1 said he did not know when the multi-dose vial of Natural Tears eye drops had been opened. Nurse #1 said that the correct procedure was to date a multi-dose vial of eye drops on the day that the vial was first opened. Nurse #1 said he was not sure how long the eye drops would be good to use once they were opened but there should also be a use by date labeled on the eye drops on the day they are opened. The surveyor also observed a plastic cup containing two open multi-dose vials of Timolol Maleate ophthalmic Eye Drop Solution in Medication Cart A. One opened vial had an open date of 4/3 noted on it, and the second vial had no open date. Neither of the two vials were labeled with a use by date. Nurse #1 further said that both vials should have an open and use by date, but the vials were missing the use by date and the second vial had no open date information. Nurse #1 said that both vials should be discarded because he could not tell when they had been opened. During an interview on 7/28/2025 at 8:15 A.M., the DON said when the nursing staff open any multi-dose vial of medication, they should apply a yellow sticker and write the open date and the discard date on the sticker. The DON said the Timolol Maleate eye drops should have a use by date 4 weeks after opening, and the Natural Tears eye drops should have a discard date that is 30 days after opening. The DON said the Timolol and Natural Tears multi-dose vials that were identified should have been labeled after opening but they had not been, and so the staff could not determine if the medication was still viable. The DON said that the opened and unlabeled eye medication would all have to be discarded.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to administer Pneumococcal Vaccinations for one Resident (#9) out of five applicable residents, out of a total sample of 13 residents. Specifically, for Resident #9, the facility failed to administer Pneumococcal Vaccines when the Resident was eligible to receive, and the Responsible Party consented to the Pneumococcal immunization, putting the Resident at risk of acquiring pneumococcal illnesses.Findings include:Review of the facility's policy titled Resident Pneumococcal Vaccine, last issued January 2023, indicated the following:-Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within ninety days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. -Pneumococcal vaccines are administered to residents (unless medically contraindicated, already given, or refused) per our facility's physician approved pneumococcal vaccination protocol. -Administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination. Review of the CDC guidance titled Pneumococcal Vaccine Timing for Adults, dated October 2024, indicated but was not limited to the following:>Adults 50 years or older:-Shared clinical decision-making for those who already completed the series with PCV13 (Pneumococcal Conjugate Vaccine: vaccine used to protect against 13 types of pneumococcal bacteria that commonly cause serious infections) and PPSV23 (Pneumovax 23: vaccine used to help protect against serious infections caused by 23 types of pneumococcal bacteria).-Prior vaccines shared clinical decision-making option for adults [AGE] years old or older.>Complete series: previously received PCV13 at any age & PPSV23 at or older than 65 yrs and it has been more than five years since the series was completed.>Together, with the patient, vaccine providers may choose to administer PCV20 or PCV21 to adults that are [AGE] years old or older who have already received PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of [AGE] years old. Resident #9 was admitted to the facility in December 2022 with diagnoses including hemiplegia and hemiparesis and dysphagia. Review of Resident #9's Immunization Record indicated the Resident received a dose of Prevnar 13 Vaccine (PCV13) on 5/24/17 and the Pneumovax 23 (PPSV23) on 10/1/19 prior to his/her facility admission. Review of Resident #9's clinical record indicated:-The Resident was greater than [AGE] years of age.-No evidence the Resident had received any Pneumococcal Vaccinations since the dose of PPSV23 on 10/1/19.-Consent for administration of Pneumococcal Vaccine signed by the Resident's Responsible Party on 12/16/22, if the vaccine is indicated.-A Physician's order dated 1/9/23, indicating may have Pneumococcal vaccine. Review of the CDC PneumoRecs VaxAdvisor online calculator indicated the following recommendation for Resident #9:-Give one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. During an interview on 7/29/25 at 9:06 A.M., the Director of Nursing (DON) said that Resident #9 should have received the Pneumococcal Vaccine, when he/she became eligible in 2024, but he/she had not received the Pneumococcal Vaccine.