STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225562	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oc Milford Gardens LLC	10 Veterans Memorial Drive Milford, MA 01757

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on records reviewed and interviews, for two of three sampled residents (Resident #2 and Resident #3), who had limited mobility and required staff assistance to complete Activities of Daily Living (ADLs), the facility failed to ensure their ADL Care Plans were individualized, with interventions that clearly identified the necessary number of staff assistance required to adequately and safely meet their needs.Findings include:Review of the facility's policy, titled Care Plans-Comprehensive, with a revision date of 07/2023, included the following:-An individual comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, emotional and psychological needs is developed for each resident.-The comprehensive care plan is based on thorough assessment that includes but is not limited to the Minimum Data Set (MDS) assessment.-Each resident's comprehensive care plan is designed to:*Incorporate identified problem areas*Incorporate risk factors associated with identified problems*Reflect treatment goals, timetables and objectives in measurable outcomes*Aid in preventing or reducing declines in resident's functional status and/or functional levels1) Resident #2 was admitted to the facility in March 2026, diagnoses included hemiplegia (complete or near complete paralysis of one side of the body) and hemiparesis (mild to moderate weakness on one side of the body) following cerebral infarction (stroke).Review of Resident #2's Minimum Data Set (MDS) assessment, dated 03/19/26, indicated his/her ADL status was assessed as follows:-Non-ambulatory-Maximum assistance for chair to bed transfers-Moderate assistance for upper body dressing and dependent for lower body dressing-Moderate assistance for bathingReview of Resident #2's ADL Care Plan, reviewed and renewed with the most recent MDS assessment, indicated the following:-Focus: The resident has an ADL self-care performance deficit activity intolerance, fatigue.-Interventions included the following:*Toilet schedule: around 6:00 A.M., before meals, prior to bed and as needed*Encourage the resident to use the call bell for assistance*Praise all efforts and self-care*Physical Therapy (PT), Occupational Therapy (OT) referrals as ordered and as neededFurther review of the ADL Care Plan indicated it was not individualized or specific to Resident #2's care needs with respect to the necessary number of staff required to adequately and safely meet his/her care needs. Review of Resident #2's CNA Kardex (used by CNAs to indicate the specific level of care required for each resident) indicated his/her ADL section on the Kardex was left blank. Therefore, CNA's reviewing Resident #2's care Kardex prior to providing care would not find individualized information on if he/she required one, two (or more) staff members to adequately and safely meet his/her care needs related to care areas such as (but not limited to) bathing, bed mobility, repositioning or transfers.2) Resident #3 was admitted to the facility in November 2025 diagnoses included unspecified convulsions, altered mental status, and generalized muscle weakness.Review of Resident #3's MDS assessment, dated 03/20/26, indicated his/her ADL status was as follows:-Dependent for chair to bed transfers-Maximum assistance for upper body dressing and dependent for lower body dressing-Dependent for hygiene-Maximum assistance for bathingReview of Resident #3's ADL Care Plan, reviewed and renewed with the most recent MDS assessment, indicated the following:-Focus: The resident has an ADL self-care performance deficit (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[due to] limited mobility.-Interventions included the following:*Half side rails for assistance with bed mobility*Encourage the resident to use the call bell for assistance*Praise all efforts at self-care*PT, OT referrals as ordered and as neededReview of Resident #3's Falls Care Plan, reviewed and renewed with the most recent MDS assessment, indicated the following:-Focus: Risk for falls-Interventions included (but not limited to) the following:*Assist the resident with ambulation and transfers, utilizing therapy recommendationsFurther review of the ADL Plan indicated it was not individualized or specific to Resident #3's care needs with respect to the necessary number of staff required to adequately and safely meet his/her care needs.Review of Resident #3's CNA Kardex indicated his/her ADL section on the Kardex was left blank. Therefore, CNA's reviewing Resident #3's care Kardex prior to providing care would not find individualized information on if he/she required one, two (or more) staff members to adequately and safely meet his/her care needs related to care areas such as (but not limited to) ambulation, dressing, bed mobility, or transfers.During an interview on 06/17/26 at 1:41 P.M., Certified Nurse Aide (CNA) #2 said he accessed each resident's care plan (Kardex) electronically to determine the level of assistance needed to provide care. CNA #2 said that if the specific level of assistance was not listed on a resident's care plan (Kardex), he would ask the nurse. CNA #2 said when a resident was new to him, that he would have to go and ask the nurse the level of assistance he/she required. During an interview on 06/17/26 at 3:09 P.M., CNA #3 said that the nurses usually write the resident's level of assistance on a piece of paper and give it to the CNAs at the start of their shift. CNA #3 said if a staff member worked at the facility for a long time or knew the residents, they would not get the paper. During an interview on 06/17/26 at 3:20 P.M., the Director of Nurses (DON) said that any member of the clinical staff can put a resident care plan in place. The DON said the CNAs can use the resident's care plans/Kardex's, or they can get shift reports from the nurses to determine the level of assistance each resident needs. The DON said the nurses and CNAs communicate about the residents' statuses, but it is not always reflective on their written care plans/Kardex's.The DON said it was not within the CNAs scope of practice to determine a resident's required level of assistance. However, when asked why the individualized ADL statuses for Resident #2 and Resident #3 were not indicated on the CNA Kardex's for them to readily reference, a response was not provided.