

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225634	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Care One at Weymouth		STREET ADDRESS, CITY, STATE, ZIP CODE 64 Performance Drive Weymouth, MA 02189	

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)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>43963</p> <p>Based on records reviewed and interviews for two of three sampled residents (Resident #1 and Resident #2) who had been assessed as requesting the use of bilateral side rails upon admission, the Facility failed to ensure nursing staff provided care and services that met professional standards of practice, when physician's orders were not obtained by nursing for the use of bilateral side rails.</p> <p>Findings include:</p> <p>Review of the Facility Form titled Informed Consent for Use of Bed Rail, undated, indicated under the section of Additional Comments, a blank box precedes the statement, Physician's Order has been obtained, including medical symptom/condition.</p> <p>1) Resident #1 was admitted to the Facility in January 2025, diagnoses include metastatic colon cancer, history of falls, change in mental status, pulmonary emboli (blood clot in the lung), and ascites (abnormal buildup of fluid in the abdomen) with the need for a pleurx- drain (tunneled indwelling peritoneal catheter to manage small amounts of ascites).</p> <p>Review of Resident #1's Informed Consent for Use of Bed Rails, dated 01/12/25, indicated that it had been recommended that two (2) half partial rails at all times when in bed.</p> <p>The Bed Form had been signed by Resident #1 voluntarily consenting to the recommendation, however, the box indicating that a Physician's Order had been obtained was left blank.</p> <p>Review of Resident #1's Physician's Orders, dated 01/12/25 through 01/18/25, indicated that there was no documentation to support nursing had obtained a physician's order for his/her use of bilateral half side rails.</p> <p>2) Resident #2 was admitted to the Facility in January 2025, diagnoses include a fall with a right lower leg fracture, anxiety, depression, chronic pain, and Amyotrophic Lateral Sclerosis (ALS, progressive neurological disease affecting nerve cells in the brain and spinal cord).</p> <p>Review of Resident #2's Informed Consent for Use of Bed Rails, dated 01/03/25, indicated that it had been recommended two (2) half partial rails at all times when in bed.</p> <p>The Bed Rail Form had been signed by Resident #2 voluntarily consenting to the recommendation and the box indicating that a Physician's Order had been obtained had been checked off.</p> <p>(continued on next page)</p>

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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NAME OF PROVIDER OR SUPPLIER Care One at Weymouth		STREET ADDRESS, CITY, STATE, ZIP CODE 64 Performance Drive Weymouth, MA 02189	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>However, review of Resident #2's Physician's Orders, dated 01/03/25 through 04/09/25, indicated that there was no documentation to support nursing had obtained a physician's order for his/her use of bilateral half side rails.</p> <p>During a telephone interview on 04/16/25 at 3:46 P.M., Nurse #2 said that she thought the Consent to use Side Rails Form was the Physician's Order and said she did not realize there was a place on the Form indicating that a Physician's Order had to be obtained.</p> <p>During a telephone interview on 04/09/25 at 2:32 P.M., Nurse #1 said she was aware that resident's utilizing side rails must have a Physician's Order however, said she was not aware Resident #1 did not have a Physician's Order to utilize side rails.</p> <p>During an interview on 04/09/25 at 4:04 P.M., the Director of Nurses (DON) said she was unaware that Resident #1 and #2, did not have a Physician's Order to utilize bilateral side rails.</p> <p>The DON said that it is the Facility's expectation that any resident requiring or requesting the use of side rails, the nurse must obtain consent from the resident and/or responsible party and a Physician's Order must be obtained prior to side rail use.</p>		