STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225645	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thomas Upham House	519 Main Street Medfield, MA 02052

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 one Resident (#5), out of a total sample of 17 residents, that each resident's drug regimen was free from unnecessary psychotropic medications to promote or maintain the Resident's highest practicable mental, physical, and psychosocial well-being. Specifically, the facility failed to ensure a physician's order for as needed (PRN) Trazodone (antidepressant) contained an indication for use, included a duration and failed to ensure the prescriber reassessed the Resident's condition and documented a clinical rationale for the continued use of PRN Trazodone as required.Findings include:Review of the facility's policies titled Psychotropic Drug Policy, last updated June 2015 and Antipsychotic Medication Use, last revised December 2016, included but was not limited to:-The need to continue PRN orders for psychotropic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the PRN order will be indicated in the order.Resident #5 was admitted to the facility in January 2025 with diagnoses including depression.Review of the Minimum Data Set (MDS) assessment, dated 11/5/25, indicated Resident #5 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 2 out of 15, and received antidepressant medication.Review of Resident #5's medical record indicated physician's orders including but not limited to:-Trazodone 50 milligrams (mg), give every six hours PRN (initiated 2/5/25)-Re-evaluate Trazodone with physician (MD) on 2/19/25 (14 days)-Trazodone 50 mg, give every six hours PRN (initiated 2/21/25)-Re-evaluate Trazodone with physician (MD) on 3/7/25 (14 days)-Trazodone 50 mg, give every six hours PRN (initiated 3/5/25)-Re-evaluate Trazodone with physician (MD) on 6/6/25 (90 days)-Trazodone 50 mg, give every six hours PRN (initiated 6/5/25)-Re-evaluate Trazodone with physician (MD) on 9/5/25 (90 days)-Trazodone 50 mg, give every six hours PRN (initiated 9/2/25)-Re-evaluate Trazodone with physician (MD) on 3/2/25 (90 days)The physician's orders failed to identify an indication for the use of PRN Trazodone and failed to ensure the PRN order itself had a limited duration.Review of Medication Administration Records (MAR) from August 2025 through November 2025 indicated PRN Trazodone was administered on one occasion (8/15/25).Further review of the medical record failed to indicate the MD or NP evaluated Resident #5 and documented a clinical rationale for administering PRN Trazodone that is based upon an assessment of the Resident's condition and therapeutic goals prior to renewing/extending the order as required.During an interview on 11/20/25 at 11:04 A.M., the Director of Nursing (DON) and MDS Nurse reviewed Resident #5's medical record. They said the PRN order itself did not have a limited duration or indication for use and there was no MD or NP documentation of assessments of the Resident's condition and therapeutic goals for the use of PRN Trazodone and no documented clinical rationale for the necessity of its continued use each time it was renewed but should be.

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to ensure professional standards of practice were followed for one Resident (#41) from a total sample of 17 residents. Specifically, the facility failed to obtain a physician's order for the use of oxygen therapy (O2) prior to its use.Findings include:Review of the facility's policy titled Oxygen Concentrator, last revised 1/2016, included but was not limited to:-Verify the Physician's order.Review of [NAME] NURSING PROCEDURES, 8th edition, indicated:-verify the practitioner's order for oxygen therapy, because oxygen is considered a medication or therapy and should be prescribedDOCUMENTATION record the date and time of oxygen administration, the type of delivery device, the oxygen flow rate, the patient's vital signs, skin color, respiratory effort and breath sounds.Resident #41 was admitted to the facility in November 2025 with diagnoses including chronic obstructive pulmonary disease (COPD- lung disease causing restricted airflow and breathing problems) and congestive heart failure (a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply).During an observation with interview on 11/18/25 at 8:20 A.M., the surveyor observed Resident #41 seated in a recliner in his/her room. A nasal cannula (a medical device that delivers supplemental oxygen through a lightweight tube with two prongs that are inserted into the nostrils) was in place in the Resident's nose and tubing connected to a humidifier cup (a medical device that adds moisture to the oxygen gas before it is inhaled) half filled with water and was attached to an oxygen concentrator set to 4.5 liters. The Resident said he/she has used 4.5 liters of Oxygen continuously since admission.Review of the medical record indicated a physician's order to measure peripheral oxygen saturation (SpO2-measure of how much oxygen is being carried by your red blood cells) every shift. Keep 02 levels > 90% at all times (11/12/25). Further review of the medical record failed to indicate an order for the use of Oxygen, oxygen equipment or care of the oxygen equipment. Review of November 2025 Medication Administration Record/Treatment Administration Record (MAR/TAR) failed to indicate a record that Oxygen was being administered to Resident #41, the type of delivery device, and the oxygen flow rate. During an interview on 11/19/25 at 1:19 P.M., Nurse #3 said she found out Resident #41 was using Oxygen because it was written in the nursing communication book at the nursing station. She showed the surveyor a note in the communication book that indicated the Resident was on 4 liters of Oxygen continuously. She said she was unable to find a physician's order for Oxygen anywhere in the medical record. Nurse #3 and the surveyor went to the Resident's room. Resident #41 was seated in a recliner at the bedside, nasal cannula in place in his/her nose and tubing connected to a humidifier cup and the oxygen concentrator set to 4.5 liters.During an interview on 11/19/25 at 1:45 P.M., the Director of Nursing (DON) reviewed Resident #41's medical record and said there were no orders for Oxygen, humidifier cup, nasal cannula, tubing and no orders for maintenance of the equipment. The DON said Oxygen is a medication and must have a complete physician's order for its use.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent the potential of foodborne illness to residents who are at high risk. Specifically, the facility failed to properly label and date beverage products as well as maintain safe and clean equipment in one of two nourishment kitchenettes. Findings include:Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised 1/2023, indicated but was not limited to the following:3-501.17 Ready to-Eat, Time/Temperature Control for Safety Food, Date Marking. (B) Except as specified in (E) - (G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date of day by which the FOOD shall be consumed on the FDA Food Code 2022 Chapter 3. Food Chapter 3-29 PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by-date if the manufacturer determined the use-by-date based on FOOD safety. On 11/19/25 at 8:05 A.M., the surveyor made the following observations of the First-Floor nourishment kitchenette:- The inside of the microwave was noted to have food residue and splatter to the top/sides. - Two opened and undated cartons of vanilla Hormel Med Pass 2.0+ Fortified Nutritional Shake were located on the door of the refrigerator. The manufacturer guidelines on the cartons indicated to discard within four days of opening. - One opened and undated carton of nectar consistency thickened cranberry cocktail was located on the door of the refrigerator. The manufacturer guidelines on the carton indicated to discard within four days of opening. On 11/19/25 at 11:20 A.M., the surveyor made the following observations of the First-Floor nourishment kitchenette: - The inside of the microwave was noted to have food residue and splatter to the top/sides. - Two opened and undated cartons of vanilla Hormel Med Pass 2.0+ Fortified Nutritional Shake were located on the door of the refrigerator. The manufacturer guidelines on the cartons indicated to discard within four days of opening. - One opened and undated carton of nectar consistency thickened cranberry cocktail was located on the door of the refrigerator. The manufacturer guidelines on the carton indicated to discard within four days of opening. On 11/19/25 at 12:47 P.M., the surveyor made the following observations of the First-Floor nourishment kitchenette: - The inside of the microwave was noted to have food residue and splatter to the top/sides. - Two opened and undated cartons of vanilla Hormel Med Pass 2.0+ Fortified Nutritional Shake were located on the door of the refrigerator. The manufacturer guidelines on the cartons indicated to discard within four days of opening. - One opened and undated carton of nectar consistency thickened cranberry cocktail was located on the door of the refrigerator. The manufacturer guidelines on the carton indicated to discard within four days of opening. On 11/20/25 at 8:04 A.M., the surveyor made the following observations of the First-Floor nourishment kitchenette: - The inside of the microwave was noted to have food residue and splatter to the top/sides. - Two opened and undated cartons of vanilla Hormel Med Pass 2.0+ Fortified Nutritional Shake were located on the door of the refrigerator. The manufacturer guidelines on the cartons indicated to discard within four days of opening. - One opened and undated carton of nectar consistency thickened cranberry cocktail was located on the door of the refrigerator. The manufacturer guidelines on the carton indicated to discard within four days of opening. During an interview on 11/20/25 at 9:26 A.M., the Food Service Director (FSD) said dietary staff are responsible for ensuring items in the nourishment kitchenettes are properly labeled and dated, as well as ensuring the equipment is cleaned. The FSD and the surveyor reviewed the observations made throughout the survey process. The FSD said the opened beverages in the nourishment kitchenette should be dated and should not be in the refrigerator if they do not have an open date. The FSD said the microwave should be clean and free of food residue and splatter.