STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225653	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copley at Stoughton Nursing Care Center	380 Sumner Street Stoughton, MA 02072

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interview, the facility failed to store food in accordance with professional standards for food service safety. Specifically, the facility failed to ensure that food was labeled and dated in the main kitchen and in three of three unit kitchenette refrigerators. Findings include: Review of the facility's policy titled Preventing Foodborne Illness - Food Handling, revised July 2014, indicated, but was not limited to, the following:-Food will be stored, prepared, handled and served so that the risk of foodborne illness is minimized. Review of the undated facility policy titled Food Brought by Family/Visitors, revised July 2017, indicated, but was not limited to, the following:-Food brought in by family/visitors that is left with the resident to consume later will be labeled and stored in a manner that is clearly distinguishable from facility-prepared food.a. None-perishable foods will be stored in re-sealable containers with tight-fitting lids. Intact fresh fruits may be stored without a lid.b. Perishable foods must be stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers will be labeled with the resident's name, the item and the use-by date. -The nursing staff will discard perishable foods on or before the use-by date. -The nursing and/or foodservice staff will discard any foods prepared for the resident that show obvious signs of potential foodborne danger (for example mold growth, foul odor, past due package expiration dates). On 12/1/25 at 7:01 A.M., the surveyor made the following observations during the initial walkthrough of the main kitchen:-An opened bag of cooked, diced chicken wrapped but undated in the walk-in refrigerator.-Slices of ham wrapped but undated in the walk-in refrigerator.-A plastic container with 20 pre-portioned containers of cottage cheese in the walk-in refrigerator, there was tape on the container indicating a date of 11/17/25.-An opened tub of fruit salad mix in the walk-in refrigerator, 11/7 was written on the lid and the manufacturer-printed best-by date was 11/17/25.-Two tomatoes with significant signs of decomposition, including textural deterioration and the presence of a white wispy growth in the walk-in refrigerator.-Two opened but undated gallon containers of apple cider in a reach-in refrigerator.-One opened but undated container of orange juice in a reach-in refrigerator.-Three packages of sliced cheese opened, wrapped, but undated in a reach-in refrigerator.-A plate with a meat patty in a reach-in refrigerator; the plate was wrapped but undated.-Two pans containing leftover food, the pans were wrapped but undated.During an interview on 12/1/25 at 7:24 A.M., the Food Service Director (FSD) said food service staff check the walk-in refrigerators and reach-in refrigerators when food orders came in and that food orders came in several times per week. The FSD said prepared and open food should be labeled, dated and typically discarded after five days. The FSD said cottage cheese should be labeled and discarded after three days. The FSD said that the tub of fruit salad mix should be discarded and that she did not know when the apple cider or orange juice were opened. The FSD said the meat patty and other leftover food in the reach-in refrigerator should have been dated. On 12/1/25 at 7:37 A.M., the surveyor made the following observations in the [NAME] unit kitchenette refrigerator:-An undated container of food with a Resident room number written on it.-A container of orange juice opened but undated.-An undated pre-portioned dessert.-A jar of applesauce opened but undated.-An undated, pre-portioned container of food consistent in (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	appearance with yogurt.-A sandwich in a plastic bag, the bag and sandwich were not dated.On 12/1/25 at 7:34 A.M. the surveyor made the following observations in the [NAME] unit kitchenette refrigerator:-A container of eggnog opened but undated.-A gallon container of apple cider open but undated.During an interview on 12/1/25 at 7:41 A.M., Nurse #5 said Resident food is kept for 48 - 72 hours and that she would expect Resident food to be dated. Nurse #5 said that the jar of applesauce and container of orange juice should have been dated when opened.On 12/2/25 at 9:15 A.M., the surveyor made the following observations in the [NAME] unit kitchenette refrigerator:-An undated container of food with a Resident room number written on it.-An undated pre-portioned dessert.-Two undated, pre-portioned containers of food consistent in appearance with yogurt.During an interview on 12/3/25 at 8:05 A.M., the FSD said that kitchen staff check the kitchenette refrigerators twice a day to ensure that everything is dated, and that they should dispose of any undated food. The FSD said the kitchen does not supply pre-portioned yogurts or desserts and that the pre-portioned yogurts and desserts must have been taken off trays and placed into the refrigerator by staff. The FSD said she would expect staff to date the pre-portioned desserts and yogurts when they place them into the refrigerator. The FSD said she would expect staff to date beverages when they were opened. The FSD said the undated food should have been discarded.

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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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interviews, the facility failed to ensure one Resident (#41) was free from unnecessary psychotropic medication, out of a total sample of 24 residents.Findings include:Review of the facility policy titled Psychotropic Medication Use, dated July 2022, indicated the following:-Psychotropic medications are not prescribed or given on an as needed (PRN) basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record.-As needed medication for psychotropic medications are limited to 14 days.-For psychotropic medications that are not antipsychotic: if the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use and include the duration for the PRN order.Resident #41 was admitted to the facility in October 2025 with diagnoses including anxiety disorder and major depressive disorder.Review of Resident #41's most recent Minimum Data Set (MDS) assessment, dated 10/26/25, indicated the Resident scored a 15 out of a possible 15 on the Brief Interview for Mental Status exam, indicating he/she was cognitively intact.Review of Resident #41's physician orders indicated the following order with a start date of 10/20/25:-Alprazolam (an antianxiety medication) oral tablet 0.5 milligram (mg). Give one tablet by mouth every 8 hours as needed for anxiety.Review of Resident #41's Medication Administration Record (MAR) from 10/20/25 through 12/1/25, indicated the Resident received alprazolam 51 times as needed.Review of Resident #41's medical record failed to indicate a 14 day stop date had been initiated for the PRN alprazolam.During an interview with Nurse #4 on 12/2/25 at 8:17 A.M., she said a PRN psychotropic requires a stop date and then must be re-evaluated by the physician.During an interview with the Director of Nursing on 12/2/25 at 8:05 A.M., she said psychotropic medication should have a 14 day stop and be re-evaluated by the physician if to be continued and that this would be documented in the medical record.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, interviews, and record review, the facility failed to maintain a safe environment for one Resident (#91) out of 24 total sampled residents. Specifically, the facility failed to implement socks with grips to prevent falls as indicated in plan of care for Resident #91.Findings include:Review of the facility policy titled Fall and Fall Risk, Managing, revised December 2007, indicated:-The staff, with the input of the Attending Physician, will identify appropriate interventions to reduce the risk of falls.Resident #91 was admitted to the facility in August 2024 with diagnoses including a stroke, syncope (fainting), and history of fall. Review of the most recent Minimum Data Set (MDS) assessment, dated 10/22/25, indicated Resident #91 was cognitively intact as evidenced by a Brief Interview for Mental Status exam score of 14 out of 15. This MDS also indicated Resident #91 required partial/moderate assistance with putting on and taking off socks.Review of Resident #91's plan of care related to falls, revised 8/19/25, indicated:-Ensure patient is wearing slip resistant shoes or socks with grips. On 12/1/25 at 8:22 A.M., the surveyor observed Resident #91 self-transfer out of bed wearing white socks, which did not have any grips. There was no staff within view of Resident #91. Resident #91 was tangled in his/her oxygen tubing and unsteady on his/her feet while standing. Resident #91 said he/she was going to the bathroom. On 12/2/25 at 7:03 A.M., 8:40 A.M., and 9:37 A.M., Resident #91 was observed in bed wearing white socks, which did not have any grips. During an interview and observation on 12/2/25 at 9:48 A.M., Certified Nurse Assistant (CNA) #1 said she would expect fall interventions, such as socks with grips, to be in place if indicated on the care plan. CNA #1 went into Resident #91's room with the surveyor and said the Resident was wearing socks without any grip. CNA #1 said they usually put socks without grips on when Resident #91 is in bed because he/she only needs socks with grips when he/she is sitting up during the day. CNA #1 said Resident #91 was unable to put on or remove his/her socks without staff assistance.Review of Resident #91's nursing progress note and plan of care, dated 11/3/25 to 12/3/25, failed to indicate Resident refused to wear socks with grips.During an interview on 12/2/25 at 11:31 A.M., Unit Manager #1 said she would expect fall interventions, such as socks with grips, to be in place if indicated on the care plan. Unit Manager #1 said staff should have ensured Resident #91 always had socks with grips on.During an interview on 12/2/25 at 1:10 P.M., the Director of Nursing (DON) said she would expect fall interventions, such as socks with grips, to be in place if indicated on the care plan. The DON said staff should have ensured Resident #91 always had socks with grips on.

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	225653	A. Building B. Wing	12/03/2025

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on record review and interviews, the facility failed to implement pharmacy recommendations for one Resident (#41) out of a total sample of 24 residents.Findings include:Review of the facility policy titled Consultant Pharmacy Reports, dated 2024, indicated the following but was not limited to:-Recommendations are acted upon and documented by the facility staff and/or prescriber.-Prescriber accepts and acts upon suggestion or rejects and provides an explanation for disagreeing.Resident #41 was admitted to the facility in October 2025 with diagnoses including anxiety disorder and major depressive disorder.Review of Resident #41's most recent Minimum Data Set (MDS) assessment, dated 10/26/25, indicated the Resident scored a 15 out of a total possible 15 on the Brief Interview for Mental Status exam, indicating he/she was cognitively intact.Review of the consultant pharmacist recommendations to the medical doctor (MD), dated 10/23/25, indicated the following:-This resident has an order for a psychoactive PRN (as needed) alprazolam without a stop date recorded.-After 14 days, the use of this psychoactive PRN may be continued if it is determined that the benefit of treatment outweighs the potential/actual risk of continued PRN therapy. Please consider discontinuing this medication or scheduling this medication if necessary.-If this medication is continued as a PRN, we recommend that a stop date be added to the PRN order.-A reasonable amount of time between reviews (stop/evaluation dates) is required and will be determined by a prescriber (proper documentation validating this extension of therapy is required).Review of the medical record failed to indicate the physician addressed the pharmacy consultant recommendation.During an interview with the Director of Nursing on 12/5/25 at 8:05 A.M., she said pharmacy recommendations should be addressed by the physician and documented in the medical record.

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	225653	A. Building B. Wing	12/03/2025

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews the facility failed to ensure drugs and biologicals were stored in accordance with acceptable professional standards of practice. Specifically, the facility failed to ensure expired medications were removed from medication room on 1 out 3 medication units and failed to ensure medications were dated once opened according to manufacturer's guidelines in one of three medication carts observed.Findings include:Review of facility policy titled Medication Storage policy and Procedure, undated, indicated:-Medications and biologicals labeled in accordance with currently accepted professional principles and include expiration date when applicable.On 12/2/25 at 11:35 A.M., the surveyor and Nurse #1 observed the following in the medication room on the [NAME] Unit.-1 bottle of GeriLanta (antiacid) expired 10/2025.During an interview with Nurse #1 on 12/2/25 at 11:35 A.M., she said nurses are responsible for ensuring no expired medications are in the medication room.On 12/2/25 at 11:49 A.M., the surveyor and Nurse #2 observed the following in the [NAME] Unit side A medication cart.-Two trelegy ellipta inhalers, opened and undated.-Two fluticasone propionate nasal spray, opened and undated.During an interview with Nurse #2 on 12/2/25 at 11:54 A.M., she said inhalers and nasal sprays should be dated once opened.During an interview with the Director of Nursing on 12/2/25 at 1:13 P.M., she said medication without expiration dates should be labeled and dated when opened and that nurses are responsible for checking expired medications in the medication carts and medication rooms.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for two Residents (#39 and #72) out of 24 total sampled residents. Specifically, the facility failed to ensure healthcare personnel appropriately don (put on) a precaution gown while providing incontinence care for Resident #39 and Resident #72, who required enhanced barrier precautions (EBP).Findings include:Review of United States Centers for Disease Control and Prevention's (CDC) guidance titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs), updated July 12, 2022, indicated:- Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. - Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: device care or use of urinary catheter. Review of the facility policy titled Enhanced Barrier Precautions, dated August 2022, indicated:-EBPs employ targeted gown and glove use during high contact resident care activity when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity.-Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: d. Providing hygiene, f. changing briefs or assisting with toileting.1.) Resident #39 was admitted to the facility in November 2022 with diagnoses including urinary retention and failure to thrive.Review of the most recent Minimum Data Set (MDS) assessment, dated 11/5/25, indicated Resident #39 was cognitively intact as evidenced by a Brief Interview for Mental Status exam score of 15 out of 15. This MDS also indicated Resident #15 had an indwelling urinary catheter.Review of Resident #39's active physician's order, initiated 2/7/24, indicated:-Maintain Enhanced Precaution r/t (related to) H/O (history of) VRE (vancomycin-resistant enterococcus, which is a multidrug-resistant organism) stool, every shift for infection control.Review of Resident #39's plan of care related to infection, revised 11/17/25, indicated:-Resident #39 is on enhanced precautions for VRE in stool.-Staff will wear gloves and gown for the following high contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs/assisting with toileting. On 12/1/25 at 9:19 A.M., the surveyor observed Resident #39 with a urinary catheter bag attached to his/her bed frame. Resident #39 said he/she was concerned about their urinary catheter care because the staff often does not wear a precaution gown when providing urinary catheter care and is afraid about getting an infection. During an observation on 12/2/25 at 7:09 A.M., the surveyor observed Certified Nurse Assistant (CNA) #1 changing Resident #39's incontinence brief. CNA #1 said she was providing incontinence care. CNA #1 was not wearing a precaution gown during this observation. There was a sign posted at the room's doorway that indicated the Resident was on enhanced barrier precautions (EBP) and that everyone must wear gloves and gown for high-contact resident care activities including providing hygiene, changing brief or assisting with toileting, and/or device care or use of urinary catheter. During a follow-up interview on 12/2/25 at 7:20 A.M., CNA #1 said Resident #39 required EBP because he/she had an indwelling urinary catheter. CNA #1 said she was not wearing a precaution gown because it is only required while providing urinary catheter care. CNA #1 said a precaution gown was not required to be worn during incontinence care.During an interview on 12/2/25 at 11:30 A.M., Unit Manager #1 said Resident #39 is on EBP. Unit Manager #1 said a precaution gown is required for any close contact activity for a Resident on EBP. Unit Manager #1 said CNA #1 should have been wearing a precaution gown while providing incontinence care to Resident #39. During an interview on 12/2/25 at 1:10 P.M., the Director of Nursing (DON) said a precaution gown is required during all high contact activities, including incontinence care, for residents on EBP. The DON said CNA #1 should have been wearing a precaution gown while providing incontinence care to Resident #39.During an interview on 12/2/25 at 1:18 P.M., (continued on next page)

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	225653	A. Building B. Wing	12/03/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the Infection Preventionist said a precaution gown is required during all high contact activities, including incontinence care, for residents on EBP. The Infection Preventionist said CNA #1 should have been wearing a precaution gown while providing incontinence care to Resident #39.2.) Resident #72 was admitted to the facility in April 2025 with diagnoses including vancomycin-resistant enterococcus (VRE).Review of the most recent Minimum Data Set (MDS) assessment, dated 10/29/25, indicated Resident #72 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status exam score of 2 out of 15.Review of Resident #72's active physician's order, initiated 11/6/25, indicated:-Enhanced Barrier Precautions, every shift for MDRO (multidrug-resistant organism). Review of Resident #72's plan of care related to infection, revised 12/1/25, indicated:-Enhanced Barrier Precautions r/t MDRO.-Wear gloves and gown for high contact resident care activities Dressing, Providing Hygiene, Bathing/Showering, Changing Brief/Toileting, Transferring, Device Care.On 12/2/25 at 10:01 A.M., the surveyor observed Certified Nurse Assistant (CNA) #2 changing Resident #72's incontinence brief. CNA #2 said she was providing incontinence care. CNA #2 was not wearing a precaution gown during this observation. There was a sign posted at the room's doorway that indicated the Resident was on enhanced barrier precautions (EBP) and that everyone must wear gloves and gown for high-contact resident care activities including providing hygiene and/or changing brief or assisting with toileting.During an interview on 12/2/25 at 11:30 A.M., Unit Manager #1 said Resident #72 is on EBP. Unit Manager #1 said a precaution gown is required for any close contact activity for a Resident on EBP. Unit Manager #1 said CNA #2 should have been wearing a precaution gown while providing incontinence care to Resident #72. During an interview on 12/2/25 at 1:10 P.M., the Director of Nursing (DON) said a precaution gown is required during all high contact activities, including incontinence care, for residents on EBP. The DON said CNA #2 should have been wearing a precaution gown while providing incontinence care to Resident #72.During an interview on 12/2/25 at 1:18 P.M., the Infection Preventionist said a precaution gown is required during all high contact activities, including incontinence care, for residents on EBP. The Infection Preventionist said CNA #2 should have been wearing a precaution gown while providing incontinence care to Resident #72.

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F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to accurately code in the Minimum Data Set (MDS) for one Resident (#1) out of 24 total sampled residents. Specifically, the use of antipsychotic medications was inaccurately coded in three MDS assessments for Resident #1.Findings include:Resident #1 was admitted to the facility in November 2013 with diagnoses including a psychotic disorder with delusions.Review of the most recent Minimum Data Set (MDS) assessment, dated 10/1/25, indicated Resident #1 was cognitively intact as evidenced by a Brief Interview for Mental Status exam score of 15 out of 15. Review of Resident #1's medical record indicated:-Annual MDS, dated [DATE], indicated Resident #1 received antipsychotic medication.-Discharge MDS, dated [DATE], indicated Resident #1 received antipsychotic medication.-Quarterly MDS, dated [DATE], indicated Resident #1 received antipsychotic medication.Review of Resident #1's physician's orders indicated:-Abilify Tablet (an antipsychotic medication) 1 mg (milligram), initiated 3/18/22 and discontinued 6/4/25.Review of Resident #1's medication administration record, dated 6/5/25 to 12/2/25, failed to indicate any antipsychotic medications were administered since 6/4/25, when Abilify was discontinued.During an interview on 12/2/25 at 8:48 A.M., the MDS Nurse said Resident #1 used to be on an antipsychotic, but it had been discontinued a long time ago. The MDS Nurse said the MDS assessments, dated 7/2/25, 9/24/25, and 10/1/25, were coded inaccurately because Resident #1 did not receive any antipsychotic medications during that time.During an interview on 12/2/25 at 11:17 A.M., the Director of Nursing said she would expect all MDS assessments to be coded accurately according to the Resident Assessment Instrument (RAI) guidelines.