STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225668	A. Building B. Wing	02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadows of Central Massachusetts (the)	111 Huntoon Memorial Highway Rochdale, MA 01542

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records reviewed, the facility failed to ensure care and services were provided to one Resident (#29) out of a total sample of 17 residents, in accordance with professional standards of practice.Specifically, the facility failed to obtain laboratory services as ordered by the Physician, including Complete Blood Count (CBC), Liver Function Test (LFT), and Valproic Acid level, putting the resident at risk for adverse side effects related to the use of Depakote (anticonvulsant) medication.Findings include:Review of [NAME], Manual of Nursing Practice 11ed, dated 2019 indicated the following: -The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated the following:-Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. Review of the facility policy titled Diagnostic Services, dated December 2021, indicated:-The facility will provide or obtain laboratory services only when ordered by a physician, physician's assistant, nurse practitioner, or clinical nurse specialist in accordance with state law, including scope of practice laws.-The facility will provide or obtain radiology and other diagnostic services to meet the needs of its residents. Review of the facility policy titled Physician Services, dated March 2022, indicated:-All physician or other health care professional verbal orders, including telephone orders, will be immediately recorded, dated, and signed by the person receiving the order.-All physician orders will be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record during that shift. Resident #29 was admitted to the facility in August 2018 with diagnoses that included Unspecified Psychosis, Alzheimer's Disease, and Dementia with Agitation. Review of Resident #29's Minimum Data Set (MDS) assessment dated [DATE] indicated the Resident:-was severely cognitively impaired with short- and long-term memory problems.-demonstrated behaviors on four to six days out of seven during the assessment period.-received antipsychotic, antidepressant, and anticonvulsant medications. Review of Resident #29's Physician's orders for October 2025 included:-Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 MG (Divalproex Sodium), Give 3 capsules (TD= 375 mg) by mouth two times a day related to UNSPECIFIED PSYCHOSIS. Start date 4/9/25 and active.-Obtain Valproic Acid level, CBC, LFT 11/3/25 one time only for labs until 11/03/2025 23:59, start date 10/20/25, end date 11/3/25. Review of Resident #29's Medication Administration Record (MAR) for October 2025 indicated the Resident was administered Depakote Sprinkles Oral Capsule daily, as ordered by the Physician. Review of the Resident #29's Behavioral Health Note, dated 10/15/25, indicated:-Will recommend labs secondary to Depakote therapy, follow up as indicated.-Follow up: 2-6 weeks-Recommend valproic acid level, CBC, and LFT.-Discussion with nursing Review of Resident #29's Behavioral Health Note, dated 10/31/25, indicated:-Patient not due for treatment: Labs pending Further review of Resident #29's Medical Record failed to indicate (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
	225668	A. Building B. Wing	02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadows of Central Massachusetts (the)	111 Huntoon Memorial Highway Rochdale, MA 01542

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	evidence that lab testing was completed for valproic acid level, CBC, and LFT as ordered by the Physician on 11/3/25 or documentation of the reason why the order for laboratory services was not followed. During an interview on 1/30/26 at 8:40 A.M., the Unit Manager (UM#1) said that she did not recall any Valproic Acid level or lab services for Resident #29 from October or November 2025. UM#1 said the process for laboratory testing included obtaining a Physician Order, documenting the request in the laboratory communication book, and then the lab technician would refer to the laboratory book while in the facility. UM#1 was unable to provide further information relative to why the ordered lab services were not completed for Resident #29. During an interview on 1/30/26 at 1:34 P.M., the Director of Nursing (DON) said that she was unable to provide evidence that a lab services request was completed for Resident #29. The DON further said the ordered laboratory services were not completed for Resident #29 and should have been.