STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225732	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Stoneham	25 Woodland Road Stoneham, MA 02180

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview, the facility failed to maintain a homelike setting in resident rooms on the first and second floor nursing units. Findings include:On 9/18/25 at 11:50 A.M., the following was observed on the 1st floor unit. 102: Chipped paint on walls, and a nightstand with peeling laminate. 103: Peeling laminate on the nightstand by A bed. 104: Peeling paint/laminate on nightstand A bed 106: Laminate on B bed bureau was bubbled and peeling laminate on the nightstand. The walls in the bathroom were scuffed and there was a stained ceiling tile. 111: Scuffed/gauged walls by bathroom 112: Missing handle on 2nd drawer of A bed's nightstand and peeling laminate. Large gauges/scrapes behind bed. 115: Rubber baseboard under air conditioner pulling away from the wall. The nightstand by B bed had peeling laminate and A bed's nightstand had a broken handle. There was peeling paint in the bathroom. 116: Scuff marks by window, and baseboard pulling away from the window, with stained ceiling tile. The top drawer of A bed's nightstand was missing. 117: Deep gouges on the wall behind A bed. 118: Scrapes and gouges on wall behind A bed. There was a stained ceiling tile and chipped paint in the bathroom. 120: Deep gouges along wall by the bathroom. 124: Peeling and bubbling paint on the wall by the windowsill. On 9/17/25 at 11:57 A.M. the surveyor observed following on the second floor. 200: a red vinyl chair seat was cracked and peeling. 204: the wall behind bed a was gouged. (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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	205: the bathroom wall was patched without paint. 208: a red vinyl chair seat was cracked and peeling. 210: the walls behind beds A and B were gouged. 211: the top of bed A's dresser was cracked and peeling. 215: a red vinyl chair seat was cracked and peeling. The baseboard under the sink in the bathroom was pushed in. 216: bed A's nightstand had pieces of laminate missing. 221: the walls were scraped and gouged behind bed B. 222: the walls were scraped and gouged. 223: two red vinyl chairs were cracked and peeling. 224: the wall in front of bed B was gouged. 225: the wall behind the bed was gouged. During an interview on 9/17/2025 at 12:55 P.M., the Maintenance Director said that he started employment at the facility in June and does daily rounds of the facility. The Maintenance Director said that was aware of some plans for updating the exterior and service hallways but was not aware of any room updates or reports of furniture needing replacement. The Maintenance Director said that not all staff have access to the TELS communication system so he relies on being told verbally or being called to fix issues as they arise. During an interview on 9/17/25 at approximately 1:10 P.M. the Administrator said that he did not have any plans in place or purchase orders to fix the condition of the furniture or the resident rooms.

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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 - Some	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. Based on observation and interview the facility failed to ensure that drugs and biologicals used in the facility were 1. labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, including the expiration date in two of two medication carts and in one vital sign cart observed. 2. were stored in a locked area not accessible to residents and or visitors. Findings include:Review of the facility policy titled Storage and Expiration Dating of Medications and Biologicals, dated revised 6/30/25, indicated that the facility should ensure all medications and biologicals .are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors. Further review indicated that the facility should ensure medications and biologicals have an expiration date on the label. On 9/17/25 at 8:59 A.M. the surveyor observed a mobile vital sign cart in the WN unit hallway, to contain one Arnuity Ellipta inhaler and one Anoro Ellipta inhaler (both used to treat asthma) in the basket of the vital sign cart. No nurse was present.The surveyor then observed the following in the medication cart on the WN unit:A Wixela inhaler (used to treat asthma) with a label or date of when opened. According to the manufacturer's instructions the inhaler expires one month after opening.A Wixela inhaler without a date of when it was opened.A bottle of Lantanoprost eye drops (used to treat glaucoma) without a patient label or date when opened and left on top of the medication cart in the hallway, when Nurse #2 entered a resident's room.During an interview on 9/17/25, at 9:15 A.M. Nurse #2 said that she forgot the inhalers in the basket and should not have left the eye drops on top of the medication cart. Nurse #2 then said that the eye drops should have been labeled correctly. On 9/17/25, at 9:25 A.M. the surveyor observed the following in the WS unit medication cart: One bottle of Prosource (liquid protein) without a date opened. Review of the manufacturer's instructions indicated that the Prosource expires three months after opening.2 bottles of Pataday eye drops open without a date of when opened. Review of the manufacturer's directions indicated that the eye drops expire 28 to 30 days after opening.One bottle of artificial tears without a label or date of when opened.On bottle of Prednisolone eye drops without a date of when opened.One bottle of Ofloxacin antibiotic eye drops open without a date.During an interview on 9/17/25 at 9:30 A.M., Nurse #3 said that the eye drops should have been labeled with the date opened so that nurses could determine what the expiration date should be. Nurse #3 then said that he was not aware that the Prosource had an expiration date after opening.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation an interview, the facility failed to implement appropriate monitoring for a pacemaker for one Resident (#25), out of a total of 19 sampled residents. Findings include:Review of the American Heart Association's article, dated 10/29/24 titled Living with your Pacemaker, indicated: Make sure you understand your pacemaker's programmed lower and upper heart rate. Talk to your health care professional about the maximum acceptable heart rate above your pacemaker rate. Your pacemaker should be checked periodically to assess the battery and find out how the wires are working. Be sure to keep your pacemaker checkup appointments. It's usually every six months or one yearOn 9/17/25 the surveyor was provided with a copy of the facility's Pacemaker Policy, dated as revised 9/17/25. The surveyor requested a copy of the policy previous to 9/17/25 and the facility was unable to provide one.Resident #25 was admitted to the facility in July 2024 with diagnoses including cognitive communication deficit and Parkinsons. Review of the Minimum Data Set Assessment (MDS) dated [DATE] indicated Resident #25 was severely cognitively impaired as evidenced by a score of 4 out of a possible 15 on the Brief Interview for Mental Status Exam (BIMS). On 9/16/25 at 1:48 P.M., the surveyor observed a pacemaker monitor on his/her bedside table. Resident #25 was unable to participate in the interview process due to his/her cognitive status. Review Resident #25's care plans indicated: The resident has a pacemaker defibrillator implant r/t (related to) atrial fibrillation, 9/16/24. Interventions: Vital signs as ordered, ICD CRT QUADRA ASSURA MP CRT-D 40 Q DF4 Serial # 9887550 Device identifier: 05414734508377 Implant date: 5/19/2020 Model #: CD3369-40Q Manufacturer L: St. [NAME] Medical INC Device Identifier type: GS1. Observe and report PRN (as needed) any s/sx (signs/symptoms) of altered cardiac output or pacemaker malfunction, dizziness, syncope difficulty breathing, pulse rate lower than programmed rate, lower than baseline b/p (blood pressure). Teach resident/family/caregivers to avoid activities and equipment which interfere with pacemaker activity: large magnets, MRI scanner, TENS machine, radio frequency ablation. Review of the clinical record failed to indicate any physician orders related to monitoring, programmed heart rate or involvement with cardiology. During an interview on 9/17/25 at 9:32 A.M. Nurse #1 said that Resident #25 has a defibrillator and she was unsure how it was being monitored. Nurse #1 said that there should be physician orders related to monitoring and taking vital signs. During an interview on 9/17/25 at 9:41 A.M., Unit Manager #1 said that Resident #25 has a monitor at his/her bedside and the office would contact the facility if anything was wrong. Unit Manager #1 and the Director of Nursing said that there should be physician orders related to monitoring Resident #25's pacemaker. Unit Manager #1 said she understood that the care plan indicated monitoring a programmed heart rate, but there was no documentation in the clinical record indicating Resident #25's programmed heart rate.