STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225763	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palmer Healthcare Center	250 Shearer Street Palmer, MA 01069

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to ensure that the Resident Representative had the right to make decisions on behalf of the Resident for one Resident (#17) out of a total sample of 15 residents.Specifically, for Resident #17, the facility failed to ensure that the court-appointed Guardian had the legal authority to elect advanced directives (written instructions, such as a medical order form that records a resident's treatment wishes in the event of a medical emergency) on behalf of the Resident when the Guardian signed Resident #17's Massachusetts Medical Orders for Life Sustaining Treatment (MOLST) form. Findings include:Resident #17 was admitted to the facility in [DATE], with diagnoses including chronic obstructive pulmonary disease (COPD), dementia, failure to thrive, and malignant neoplasm of the kidney. Review of the document titled, Decree and Order of Appointment of Guardian for an Incapacitated Person for Resident #17, dated [DATE], indicated but was not limited to the following:-The Court appointed a Guardian for the Resident.-The powers and duties of the Guardian failed to indicate the authority to elect advanced directives. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #17 was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) exam score of five out of a possible 15. Review of Resident #17's Massachusetts Medical Orders for Life Sustaining Treatment (MOLST) dated [DATE], indicated but was not limited to the following:-Advanced directives indicated: Do Not Resuscitate (DNR), Do Not Intubate (DNI), Do not use non-invasive ventilation, and Do Not Hospitalize (DNH).-The Resident's Guardian signed the MOLST on [DATE]. Review of Resident #17's [DATE] Physician Order Report indicated:-Advanced directives: DNR, DNI, Do not use non-invasive ventilation, DNH, no dialysis, no artificial nutrition, no artificial hydration, and Guardian in place. Start date [DATE]. During an interview on [DATE] at 2:11 P.M., Nurse #1 said residents with a Guardian are a Full Code (advanced directives indicating to attempt resuscitation and intubate and ventilate) because Guardians do not have the authority to complete a MOLST. Nurse #1 said that Resident #17's advanced directives indicated DNR/DNI/DNH. During an interview on [DATE] at 3:46 P.M., the Director of Nursing (DON) said Resident #17's Guardian completed a new MOLST, indicating DNR/DNI. The DON said Resident #17's advanced directives should have been Full Code but were not Full Code. The DON said the concern with Resident #17 not having advanced directives completed by an authorized party was that the Resident could have required cardiopulmonary resuscitation (CPR) and the facility staff would not have performed the resuscitative treatment when legally they should have.

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
	225763	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palmer Healthcare Center	250 Shearer Street Palmer, MA 01069

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to ensure Minimum Data Set (MDS) assessments were accurate and reflective of the resident's status at the time of the assessment, for two Residents (#7 and #5), out of a total sample of 15 residents. Specifically,1. For Resident #7, the facility failed to complete a Patient Health Questionnaire-9 (PHQ-9-an assessment for mood and depressive symptoms) Assessment when the Resident had documented psychological disorders.2. For Resident #5, the facility failed to accurately code that the Resident sustained falls with injury on the MDS Assessments dated 5/29/25 and 11/20/25, when the Resident had documented falls with injury within the assessment periods. Findings include: 1. Resident #7 was admitted to the facility in March 2018 with diagnoses including bipolar disorder with psychotic features, schizoaffective disorder, mood disorder, and psychosis. Review of Resident #7's MDS assessment dated [DATE] indicated: -the Resident was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 11 out of a possible score of 15 -the PHQ-9 was not assessed. Review of Resident #7's medical record failed to indicate a PHQ-9 Assessment had been attempted during the assessment period. During an interview on 1/6/26 at 2:23 P.M., the Director of Nursing (DON) said that the PHQ-9 Assessment for the MDS assessment dated [DATE] was not completed but should have been. During an interview on 1/6/26 at 2:27 P.M., the Social Worker (SW) said the PHQ-9 Assessment is done quarterly to look for changes in mood of the Resident. The SW further said that not completing a PHQ-9 Assessment could affect the psychosocial care of the Resident. 2. Resident #5 was admitted to the facility in September 2024 with diagnoses including abnormal gait, weakness, lack of coordination and unsteadiness on feet. a. Review of the Nursing Progress Notes, dated 4/6/25, indicated a Certified Nurse Aide (CNA) found Resident #5 lying on the floor in his/her room with blood under his/her head. The Nurse was alerted, assessed the Resident, and a wound was noted on his/her right head measuring 6 centimeters (cm) by (x) 1 cm. Pressure was applied to the Resident's head wound to stop bleeding and he/she was transferred to the hospital for evaluation. A subsequent Nursing Note, dated 4/6/25, indicated Resident #5 returned to the facility from the hospital with ten staples to the right side of the head. Review of the Health Care Facility Reporting System indicated the Resident's fall with sustained laceration (to the head) was reported to the Department of Public Health on 4/7/25. Review of the MDS Assessment, dated 5/29/25, indicated Resident #5 did not sustain any falls with injury since the last completed assessment (dated 11/8/24). b. Review of the Resident's clinical record indicated the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225763	A. Building B. Wing	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palmer Healthcare Center	250 Shearer Street Palmer, MA 01069

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Nursing Progress Note dated 10/18/25: Resident #5 was found lying on the floor in his/her room and sustained a small bump on the back of his/her head and an abrasion to the middle/lower back. -Nursing Progress Note dated 10/20/25: Resident #5 was found by facility staff lying on the floor next to his/her bed. The Resident was assessed by the Nurse and had no injuries . Review of the MDS assessment dated [DATE] indicated the Resident sustained no falls since the last completed assessment (dated 9/26/25). During an interview on 1/6/26 at 12:51 P.M., the DON said the MDS Coordinator and Corporate Consultant reviewed Resident #5's MDS Assessments dated 5/29/25 and 11/20/25, and that both MDS Assessments were coded incorrectly relative to falls.