STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225781	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seven Hills Pediatric Center	22 Hillside Avenue Groton, MA 01450

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on record review and interview, the facility failed to electronically submit direct care staffing data to the Centers for Medicare and Medicaid Services (CMS) for the entire reporting period, Fiscal Year (FY) Quarter 3 2025 (April 1 - June 30), in accordance with the schedule specified by CMS.Findings include:Review of the facility's policy titled Payroll Based Journal (PBJ) Reporting, dated as revised February 2025, indicated but was not limited to:Policy: -The facility will submit complete and accurate PBJ staffing data to CMS no later than 11:59 PM ET on the 45th day following the end of each fiscal quarter, as required by CMS. All staffing data must be audible, standardized, and validated prior to submission. The facility will maintain all related records in accordance with CMS and MA DPH requirements and will make them available upon request during surveys or audits.During an interview on 11/24/2025 at 8:11 A.M., the Administrator said the business office completes the quarterly PBJ report and that he was unaware that the report had not been submitted for the third quarter as required by CMS. During a phone interview on 11/24/25 at 12:01 P.M., the Business Office Manager said she completes and submits the quarterly PBJ report and per her notes she submitted it on 8/11/25. She said she logged into the system the next day to get the report number but was unable to obtain it and then was on vacation. She said she did not check to see if it was successfully submitted upon her return from vacation and was unaware it was not submitted until it was brought to her attention by the Administrator following the discussion with the surveyor. The facility failed to provide evidence of submission by the conclusion of the survey.

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 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 record review and interview, the facility failed to ensure a physician's order for a phenobarbital (anti-seizure medication) level lab draw was implemented for 1 Resident (#4) of 24 sampled residents. Findings include:Resident #4 was admitted to the facility in March 2019 and has diagnoses which include cerebral palsy and seizure disorder. Review of Resident #4's most recent Minimum Data Set (MDS) assessment dated [DATE] indicated severely impaired cognition (a Brief Interview for Mental Status examination was not performed), and that the Resident was prescribed an anti-convulsant medication. Review of Resident #4's care plan dated 6/25/25 indicated:- Maintain physical health related to seizure activity. Care plan interventions included, but were not limited to, Anticonvulsant levels as ordered by MD/NP. Review of Resident #4's physician orders indicated:- Phenobarbital oral tablet 100 mg (milligrams). Give 50 mg via g-tube in the afternoon for seizure. Give one half tab with 60 mg daily for a total dose:110 mg.- Phenobarbital oral tablet 60 mg. Give 60 mg via g-tube in the afternoon for seizures. Give one tab (60 mg) with 50 mg for total dose 110 mg/day.- Obtain routine labs at Children's Hospital Boston with appointments or any outside facilities. Yearly labs in August: phenobarbital.Phenobarbital is a narcotic and sedative barbiturate drug used chiefly to treat epilepsy.According to the National Institute for Health the risk of not obtaining a phenobarbital trough concentration may result in suboptimal or toxic levels of the drug. Trough concentrations too low could result in lack of seizure control, and too high may lead to toxicity. Review of Resident #4's pharmacy Monthly Medication Review (MMR) dated 7/31/25 indicated [Resident] receives phenobarbital but does not have a trough concentration documented in the medical record within the previous 6 months. The MMR indicated a recommendation to obtain a trough concentration level at the next lab day, every 6 months, and as clinically indicated. The MMR was signed as reviewed by Physician #1 and the Director of Nurses on 11/25/25, approximately four months after the Pharmacist's recommendation.Review of Resident #4's clinical record from January 2025 to 11/25/25 indicated documentation of a phenobarbital trough concentration level had not occurred. Review of the physician, nurse practitioner and nursing progress notes since January 2025 indicated there was no mention of attempting to obtain phenobarbital trough concentration levels. During an interview with the Director of Nurses (DON) on 11/25/2025 at 11:20 A.M., she said it was not clear why the Pharmacist's recommendation for Resident #4 to have a phenobarbital lab draw was not reviewed earlier by Physician #1 or nursing staff, or why the order for a phenobarbital lab draw was not implemented. The DON said a lab draw for a trough concentration level should be taken every 6 months, per the physician's order. The DON said the last lab draw for phenobarbital appeared to be over 10 months ago. The DON said that in August 2025 the facility requested that staff at Children's Hospital Boston obtain a phenobarbital trough concentration, but it was not completed. The DON said facility staff did not attempt to obtain a level after this date. The DON said a lab draw for a phenobarbital trough concentration could be obtained at the facility.The surveyor telephoned and left a voice mail message for Physician #1 on 11/25/25 at 11:10 A.M., but there was no response.