Printed: 06/10/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Care One at Newton		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 Washington Street Newton, MA 02462	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	accidents. **NOTE- TERMS IN BRACKETS H Based on records reviewed and intallergy to shellfish, the facility failed Resident #1 was served a meal that the meal, developed signs and syn watery eyes and flushed appearan produced by irregular airflow in a n Hospital Emergency Department (I allergic reaction) where he/she was Findings Include: Review of the Facility's Policy tilted the following: -residents with food allergies and/of similar appeal and nutritional valuation of similar appeal and nutritio	I Food Allergies and Intolerances, date or intolerances are identified upon admitues; steps are taken to prevent resider	dents, (Resident #1) who had an se of hazards, when on 09/12/24, shrimp), Resident #1 consumed shortness of breath (SOB), puffy I, high-pitched respiratory sound Resident #1 was transported to the were, potentially life-threatening das revised August 2017, indicated ssion and offered food substitutions at exposure to the allergen(s) food allergy: (name of food) and and nutrition services that cross-contamination with

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 225268

If continuation sheet Page 1 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024	
NAME OF PROVIDED OR SUPPLIE	-n	CTREET ADDRESS CITY STATE 71	D CODE	
NAME OF PROVIDER OR SUPPLIE	=R	STREET ADDRESS, CITY, STATE, ZI	PCODE	
Care One at Newton		2101 Washington Street Newton, MA 02462		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)	
F 0689	, ,	fied of the resident's food allergies and and emergency interventions will be do	~ ,	
Level of Harm - Actual harm	Review of the Facility's Policy tilted	Tray Identification, dated as revised A	pril 2007, indicated the following:	
Residents Affected - Few	-appropriate identification/coding sl	nall be used to identify various diets		
		the correct food trays/diets to resident, color coded or computer generated die		
	-the Food Services Manager or supervisor will check trays for correct diets before the food carts are transported to their designated areas			
	-nursing staff shall check each food	I tray for the correct diet before serving	pefore serving the residents	
	-if there is an error, the Nurse Supervisor will notify the Dietary Department immediate appropriate food tray can be served			
	Resident #1 was admitted to the Fa cholesterol), depression, hypertens sound during a heartbeat).			
		port, dated 09/06/24, indicated he/she er, oysters, scallops, and snails), Zoloft		
	Review of Resident #1's Admission Assessment for Mental Status, dated 09/09/24, indicated that he/she was alert, oriented and able to make his/her own health care decisions.			
	Review of Resident #1's Nutrition Evaluation, dated 09/10/24, indicated that he/she had the following allergies: shell fish, iodine, Zoloft, cat/dog dander and pollen extract.			
	dated 09/14/24, indicated that on 0 shrimp for dinner. The Report indic his/her Physician was notified and used for emergency treatment of so (corticosteroid), and Benadryl (antil Supervisor) and to monitor Resider high-pitched respiratory sound proche/she was transported to the Hos	the Facility via the Health Care Facility 9/12/24, Resident #1 suffered an allerg ated that Resident #1 reported shortne ordered to administer an Epinephrine (apevere life threatening allergic reactions) istamine) stat (immediately) (which want #1. The Report indicated that Reside duced by irregular airflow in a narrowed bital Emergency Department for evalual shellfish, and he/she was served seafor	gic reaction when he/she ingested as of breath (SOB), puffy eyes, Adrenaline, hormone, medication injection, Prednisone as administered by the Nursing and #1 developed stridor (abnormal, diairway), 911 was called and tion. The Report further indicated	
	(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
		B. Willy	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE
Care One at Newton		2101 Washington Street Newton, MA 02462	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of Resident #1's Hospital Discharge Summary, dated 09/16/24, indicated that Resident #1 presented (on 9/12/24) with anaphylaxis (severe, potentially life threatening allergic reaction) due to shrimp exposure (shellfish allergy) and he/she received an EpiPen (epinephrine) injection, Prednisone 60 milligrams (mg) and Benadryl 50 mg in the field. The Summary indicated upon his/her arrival to the emergency room, he/she was tachycardic (fast heart rate over 100 beats a minute) requiring 6 Liters (L) of oxygen, and he/she was treated with additional Epinephrine 0.3 mg, Pepcid 20 mg, and Solumedrol (corticosteroid) 80 mg. The Summary further indicated Resident #1 reported that he/she was eating dinner which included shrimp,		
	sensation in his/her throat. During an interview on 10/09/24 at someone had given him/her food the he/she was given. Resident #1 said he came to his/her room, he/she told he Resident #1 said it was because he was awful and said he/she only renewas awful and the said he/she only renewas awful and the/she only renewas awful	salad ility's Dietary Substitution List, indicated	time (exact date unknown) e the shrimp because that is what e could not breathe and was e Certified Nurse Aides (CNA's) as having trouble breathing. the shrimp. Resident #1 said it e going to use an EpiPen on you. Ving two meals were on the menu to d that on 09/12/24, Seafood Director (AFSD) said on 09/12/24 al. The AFSD said Seafood [NAME] V Nursing Supervisor), indicated atery eyes and he/she was flushed indicated there was a suspicion an EpiPen injection, along with 60 erved having stridor with

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NAME OF PROVIDER OR SUPPLI		STREET ADDRESS CITY STATE 71	D CODE
	ER	STREET ADDRESS, CITY, STATE, ZI 2101 Washington Street	PCODE
Care One at Newton		Newton, MA 02462	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0689	During an interview on 10/10/24 at	12:18 P.M., (which included review of I	ner written witness statement),
Level of Harm - Actual harm		on 09/12/24 at dinner time Nurse #1 c e and handed it to her. CNA #1 said sh	
	to him/her, set up his/her meal and	left the room. CNA #1 said Resident #	1's meal was pasta with white
Residents Affected - Few	sauce, but said she did not know and could remember if there was seafood (shrimp) on top of the pasta. CNA #1 said about 45 minutes later Resident #1 put his/her call light on, she went to answer it and Resident #1 told her he/she did not feel good and to call the nurse please. CNA #1 said she told Nurse #1 right away that Resident #1 was not feeling good.		
	During an interview on 10/10/24 at 11:27 A.M., (which included review of her written witness statement), Nurse #1 said the nurses check all resident's meal trays for correct diet order and any allergies before they are given to a resident. Nurse #1 said when she checked Resident #1's meal tray there was pasta with a white gravy sauce. Nurse #1 said she did not remember what other food was on the pasta, said it was not meat (beef) and that she could not recall seeing any seafood.		
	Nurse #1 said after checking Resident #1's meal tray she put his/her tray back into the food truck. Nurse #1 said about 45 minutes later CNA #1 told her that Resident #1 was having trouble breathing and she immediately went to his/her room. Nurse #1 said Resident #1 was SOB, was having trouble breathing and she informed the Nursing Supervisor.		
	I .	hat Resident #1 had a shellfish allergy at his/her diet slip for allergies, but said	
	Review of Resident #1's Dinner me shellfish.	eal diet slip, dated 09/12/24, indicated the	hat he/she had an allergy to
	Resident #1 complained of being S Resident #1's face looked puffy, flu having an allergic reaction to some anything and said Resident #1 told Supervisor said he notified Resider	2:10 P.M., the Nursing Supervisor said OB and he immediately went to Reside shed and his/her eyes were watery and thing. The Supervisor said he asked Rihim that he/she was allergic to shrimp of #1's Physician and received orders to do continue to monitor Resident #1 for the said of	ent #1's room. The Supervisor said d that it looked like he/she was esident #1 if he/she was allergic to and might have eaten some. The o administer an EpiPen injection,
		ering the medications, Resident #1 con at he/she developed stridor. The Supen Hospital ED for evaluation.	
	to the Facility, they were aware that on 09/12/24 that Resident #1 was s said she did an investigation and si	/15/24 at 12:34 P.M., the Director of Not Resident #1 had an allergy to shellfish sent to the Hospital due to possibly being aid Resident #1 had been exposed to schen must have sent the wrong meal tra	n. The DON said she was notified ng exposed to seafood. The DON shellfish, that she was not sure how
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Care One at Newton		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 Washington Street Newton, MA 02462	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by f		ion)
F 0689 Level of Harm - Actual harm Residents Affected - Few	The DON said she expected all nurses to check residents' meal trays, compare it with the reside order slip and allergies listed on a resident meal slip to ensure that residents are receiving the comprior to receiving their tray. The DON said if a resident's diet slip does not match what is on the resident should be removed immediately from the food truck and the nurse should call the kitchen to meal tray with an appropriate meal for the resident. On 09/16/24, the Facility was found to be in Past Non-Compliance and presented the Surveyor correction which addressed the area(s) of concern as evidenced by: A. On 09/16/24, Resident #1 returned to the Facility with a new order for epinephrine PRN (as no 09/16/24, the Assistant Director of Nursing conducted a house wide audit on all residents allergies, resident's allergies were compared with dietary tray cards, Physician orders were review.		
	C. On 09/12/24 and 09/13/24, the I Licensed Nursing Staff on checking ticket to ensure it matches Physicia meal tickets to ensure that resident unless a nurse is present. D. On 09/13/24 and 09/16/24, the Aallergy awareness, meal ticket read	r PRN orders for EpiPen and Benadryl Director of Nursing and Nursing Superv g meal trays prior to passing which incluses and diet orders in point Click Care is receiving the right tray, and CNA's a Assistant Food Service Director provide ting, residents allergies and tray ticket re-admissions done by the admitting N e residents have a Physician order for least	visor provided education to all uded: to check meal tray and meal (PCC), to check allergies on the are not to open the meal truck ed education to all Dietary Staff on accuracy.
	F. The Unit Managers will review a as needed.	nd update all resident's allergies durinç	g quarterly care plan meetings and
		esignee and Assistant Food Service Di ies receive the correct diet meal two tin nthly for one month.	
	H. The Director of Nursing and/or designee are responsible for audit results and the findings of the audits will be reviewed at the monthly QAPI meeting until compliance is achieved. I. The Director of Nurses and/or designee are responsible for overall compliance.		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0806 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS H Based on records reviewed and int allergy to shellfish, the Facility faile food allergy, when on 09/12/24, die shellfish (shrimp) on it, Resident #1 was called and he/she was transpot treatment of anaphylaxis (a severe Findings Include: Review of the Facility's Policy tilted the following: -each resident is provided with a nonutritional and special dietary need food and nutrition services staff wiresident -if an incorrect meal is provided to a new food tray can be issued Review of the Facility's Policy tilted anew food tray can be issued Review of the Facility's Policy tilted anew food tray can be issued -to assist in setting up and serving use appropriate identification/coding slater appropriate identification (e.g., -the Food Services Manager or sup transported to their designated area nursing staff shall check each food if there is an error, the Nurse Supe appropriate food tray can be served Resident #1 was admitted to the Facility and interest and inter	lave Been edited to ensure meals prepared and served to ensure meals prepared and served tarry staff preparing his/her dinner time complained of not feeling well, said hearted to the Hospital Emergency Depart, potentially life-threatening allergic real potential life-threatening allergic real potentially life-threatening all	DNFIDENTIALITY** 40702 Ilents, (Resident #1), who had an d to him/her accommodated his/her meal tray put a meal that included e/she had difficulty breathing, 911 trent (ED), for evaluation and ction) and he/she was admitted. revised October 2017, indicated that meets his or her daily correct meal is provided to each the Food Service Manager so that pril 2007, indicated the following: the Food Services Department will et cards) to identify the various diets is before the food carts are the residents It immediately by phone so that the included hyperlipidemia (high

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0806 Level of Harm - Actual harm	Review of Resident #1's Allergy Report, dated 09/06/24, indicated he/she had the following allergies: shellfish (e.g., shrimp, crabs, lobster, oysters, scallops, and snails), Zoloft (antidepressant), cat/dog dander, iodine, and pollen extract.		
Residents Affected - Few	Review of Resident #1's Nutrition E allergies: shell fish, iodine, Zoloft, o	Evaluation, dated 09/10/24, indicated the at/dog dander and pollen extract.	at he/she had the following
	Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 09/14/24, indicated that on 09/12/24, Resident #1 suffered an allergic reaction when he/she ingested shrimp for dinner. The Report indicated that Resident #1 reported shortness of breath (SOB), puffy eyes, his/her Physician was notified and ordered to administer an Epinephrine (hormone, treats severe life threatening allergic reactions) injection, Prednisone (corticosteroid), and Benadryl (antihistamine) stat (immediately) (which was administered by the Nursing Supervisor) and to monitor Resident #1. The Report indicated that Resident #1 developed stridor (abnormal, high-pitched respiratory sound produced by irregul airflow in a narrowed airway), 911 was called and he/she was transported to the Hospital Emergency Department for evaluation.		
	During an interview on 10/09/24 at 12:36 P.M., Resident #1 said at dinner time someone had given him/her food that had shrimp on it (exact date unknown) and said he/she ate the shrimp because that is what he/she was given. Resident #1 said shortly after eating the shrimp, he/she could not breathe and was gasping for air. Resident #1 said he/she put his/her call light on, one of the CNA's came to his/her room, he/she told her that he/she did not feel good and was having trouble breathing. Resident #1 said that was because he/she was having an allergic reaction to the shrimp. Resident #1 said it was awful and said he/she only remembered was hearing someone say, we are going to use an EpiPen on you.		
	Review of the Facility's Dietary Menu, dated 09/12/24, indicated the following two meals were on the menu to be served for dinner:		
	-Pasta and Krab Salad Plate and C	chefs Breadbasket	
	-Italian Sub Sandwich with Pasta S		d that are 00/40/04 0 are fixed
	[NAME] was substituted for the Kra	lity's Dietary Substitution List, indicated b and Pasta Salad dinner meal.	d that on 09/12/24, Seatood
	During an interview on 10/09/24 at 1:44 P.M., the Assistant Food Service Director (AFSD) said on 09/12/24 Seafood [NAME] was substituted for the Pasta and Krab salad dinner meal. The AFSD said Seafood [NAM consisted of crab, shrimp, and fish in a white cream sauce over pasta.		
	Review of Resident #1's Dinner meal diet slip, dated 09/12/24, indicated that he/she had an allergy to shellfish.		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Care One at Newton For information on the nursing home's p (X4) ID PREFIX TAG F 0806 Level of Harm - Actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by During an interview on 10/10/24 at 09/12/24 and called out all resident calling out in the tray line, he reads	full regulatory or LSC identifying information 10:07 A.M., Dietary Aide #2 said he was dinner diet orders to the Cook. Dietar the residents diet order and any allergolate, the plate is then placed on the residents.	on) orked 4:00 P.M. to 8:00 P.M. on by Aide #2 said when he does the
Care One at Newton For information on the nursing home's p (X4) ID PREFIX TAG F 0806 Level of Harm - Actual harm	Dian to correct this deficiency, please consummary STATEMENT OF DEFICE (Each deficiency must be preceded by During an interview on 10/10/24 at 09/12/24 and called out all resident calling out in the tray line, he reads [NAME] then puts the food on the put truck. Dietary Aide #2 said he could	2101 Washington Street Newton, MA 02462 tact the nursing home or the state survey a CIENCIES full regulatory or LSC identifying information 10:07 A.M., Dietary Aide #2 said he wo as dinner diet orders to the Cook. Dietar the residents diet order and any allergolate, the plate is then placed on the residents.	on) orked 4:00 P.M. to 8:00 P.M. on by Aide #2 said when he does the
Care One at Newton For information on the nursing home's p (X4) ID PREFIX TAG F 0806 Level of Harm - Actual harm	Dian to correct this deficiency, please consummary STATEMENT OF DEFICE (Each deficiency must be preceded by During an interview on 10/10/24 at 09/12/24 and called out all resident calling out in the tray line, he reads [NAME] then puts the food on the put truck. Dietary Aide #2 said he could	2101 Washington Street Newton, MA 02462 tact the nursing home or the state survey a CIENCIES full regulatory or LSC identifying information 10:07 A.M., Dietary Aide #2 said he wo as dinner diet orders to the Cook. Dietar the residents diet order and any allergolate, the plate is then placed on the residents.	on) orked 4:00 P.M. to 8:00 P.M. on by Aide #2 said when he does the
For information on the nursing home's part (X4) ID PREFIX TAG F 0806 Level of Harm - Actual harm	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by During an interview on 10/10/24 at 09/12/24 and called out all resident calling out in the tray line, he reads [NAME] then puts the food on the put truck. Dietary Aide #2 said he could	Newton, MA 02462 tact the nursing home or the state survey a CIENCIES full regulatory or LSC identifying information 10:07 A.M., Dietary Aide #2 said he work is dinner diet orders to the Cook. Dietary the residents diet order and any allergolate, the plate is then placed on the residents.	orked 4:00 P.M. to 8:00 P.M. on ry Aide #2 said when he does the
(X4) ID PREFIX TAG F 0806 Level of Harm - Actual harm	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by During an interview on 10/10/24 at 09/12/24 and called out all resident calling out in the tray line, he reads [NAME] then puts the food on the put truck. Dietary Aide #2 said he could	full regulatory or LSC identifying information 10:07 A.M., Dietary Aide #2 said he works dinner diet orders to the Cook. Dietar the residents diet order and any allergolate, the plate is then placed on the residents.	orked 4:00 P.M. to 8:00 P.M. on ry Aide #2 said when he does the
F 0806 Level of Harm - Actual harm	During an interview on 10/10/24 at 09/12/24 and called out all resident calling out in the tray line, he reads [NAME] then puts the food on the ptruck. Dietary Aide #2 said he could	full regulatory or LSC identifying information 10:07 A.M., Dietary Aide #2 said he was dinner diet orders to the Cook. Dietar the residents diet order and any allergolate, the plate is then placed on the residents.	orked 4:00 P.M. to 8:00 P.M. on y Aide #2 said when he does the
Level of Harm - Actual harm	09/12/24 and called out all resident calling out in the tray line, he reads [NAME] then puts the food on the ptruck. Dietary Aide #2 said he could	is dinner diet orders to the Cook. Dietar the residents diet order and any allergolate, the plate is then placed on the res	ry Aide #2 said when he does the
Level of Harm - Actual harm	09/12/24 and called out all resident calling out in the tray line, he reads [NAME] then puts the food on the ptruck. Dietary Aide #2 said he could	is dinner diet orders to the Cook. Dietar the residents diet order and any allergolate, the plate is then placed on the res	ry Aide #2 said when he does the
	[NAME] then puts the food on the puts truck. Dietary Aide #2 said he could	plate, the plate is then placed on the res	ies off to the [NAME] and said the
Residents Affected - Few	truck. Dietary Aide #2 said he could		sident's tray and put into the food
		Thorremember anything about a reside	
	Aides is the caller. The [NAME] sai allergies) to the cook who then puts resident's tray and into the food true Salad but it was substituted with Se scallops in a white cream sauce, the any fish in the [NAME] that night. The [NAME] said Dietary Aide #2 cosaid he really did not know how Relikely the caller (Dietary Aide #2) disaid he relies on the Dietary Aide the diet slips when he is preparing. During an interview on 10/09/24 at resident's diet order, allergies, and allergies to the Cook, the [NAME] publication with the diet slips when he is preparing. Aide) who is then supposed to veriff The FSD said he expects all dietary meal tray (according to dietary order trays and into the food truck. During an interview on 10/10/24 at Nurse #1 said nurses check all resigiven to a resident. Nurse #1 said of the gravy sauce. Nurse #1 she did not (beef) and that she could not recall tray she put his/her tray back into the informed the Nursing Supervise all she informed the Nursing Supervise.	11:52 A.M., the Food Service Director dislikes. The FSD said a Dietary Aide of prepares the meal plate, and the plate is fy the resident's diet, cover the meal and staff to follow proper procedure for casers and allergies) for all residents before 11:27 A.M., (which included review of the dent's meal trays for correct diet order when she checked Resident #1's meal tremember what other food was on the seeing any seafood. Nurse #1 said after	cludes the resident's diet and any takes the plate, places it on the on 09/12/24 was Pasta and Krab with crabmeat, shrimp, and e [NAME] said that he did not put to him on 09/12/24. The [NAME] it happened and said that most be Cook) that night. The [NAME] is because he cannot see what is on (FSD) said all diet slips indicate a calls out the resident's diet and any is handed to the caller (Dietary dit is placed on the food truck. Illing and preparing the correct eithe plated meal is placed on their mer written witness statement), and any allergies before they are tray there was pasta with a white pasta, but said it was not meat er checking Resident #1's meal

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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0806 Level of Harm - Actual harm Residents Affected - Few	Review of Resident #1's Hospital D #1 presented with anaphylaxis (a s (shellfish allergy) and he/she receiv in the field. The Summary indicated tachycardic requiring 6 Liters (L) of Pepcid 20 mg, and Solumedrol (co) that he/she was eating dinner which difficulty breathing and he/she exper- During a telephone interview on 10 an allergy to shellfish and she was possibly being exposed to seafood exposed to shellfish, was not sure I On 09/16/24, the Facility was found correction which addressed the are A. On 09/16/24, Resident #1 return B. On 09/16/24, the Assistant Direct allergies, resident's allergies were or residents with food allergies and fo C. On 09/12/24 and 09/13/24, the Licensed Nursing Staff on checking ticket to ensure it matches Physicia meal tickets to ensure that resident unless a nurse is present. D. On 09/13/24 and 09/16/24, the A allergy awareness, meal ticket read E. All new resident admissions and resident's food allergies and ensure F. The Unit Managers will review as as needed. G. The Director of Nurses and/or do to ensure residents with food allerg weekly for four weeks and then mo H. The Director of Nursing and/or do	Discharge Summary, dated 09/16/24, in evere, potentially life-threatening allergy and EpiPen injection, Prednisone 60 mid upon his/her arrival to the emergency oxygen, and he/she was treated with a riticosteroid) 80 mg. The Summary furth hincluded shrimp, causing him/her to herienced a tightening sensation in his/h 1/15/24 at 12:34 P.M., the Director of Ninotified on 09/12/24 that Resident #1 v. The DON said she did an investigatio how it happened, but that the kitchen mid to be in Past Non-Compliance and prea(s) of concern as evidenced by: The dot the Facility with a new order for extension of Nursing conducted a house wide compared with dietary tray cards, Physic PRN orders for EpiPen and Benadryl. Director of Nursing and Nursing Supervoy meal trays prior to passing which include an and diet orders in point Click Care (Facility, and CNA's and Assistant Food Service Director provided the residents allergies and tray ticket. It re-admissions done by the admitting New residents have a Physician order for Indian update all resident's allergies during the residents have a Physician order for Indian update all resident's allergies during the receive the correct diet meal two times and the provided the receive the correct diet meal two times and the provided the provided and update all resident's allergies during the receive the correct diet meal two times and the provided the	dicated that (on 9/12/24) Resident pic reaction) due to shrimp exposure illigrams (mg) and Benadryl 50 mg, aroom, Resident #1 was additional Epinephrine 0.3 mg, her indicated Resident #1 reported have a sudden, severe onset of er throat. Sursing (DON) said Resident #1 had was sent to the Hospital due to an and said Resident #1 had been hust have sent the wrong meal tray. Sesented the Surveyor with a plan of epinephrine PRN (as necessary). Se audit on all residents with food dician orders were reviewed for exist or provided education to all suded: to check meal tray and meal PCC), to check allergies on the are not to open the meal truck and education to all Dietary Staff on accuracy. Nurse, the Nurse will review PRN Epinephrine. So quarterly care plan meetings and arector will conduct random audits mes weekly for four weeks, then

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Care One at Newton		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 Washington Street Newton, MA 02462	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		ion)
F 0806 Level of Harm - Actual harm Residents Affected - Few	I. The Director of Nurses and/or de	signee are responsible for overall com	pliance.