

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Marlborough Hills Rehabilitation & Hlth Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Northboro Road Marlborough, MA 01752	

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)
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>37086</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #2), whose Health Care Proxy was invoked with his/her Health Care Agent (HCA) responsible for health care decision making, the Facility failed to ensure his/her HCA participated in the development and implementation of their person-centered care plans, which included conducting and inviting residents and/or their Representatives (HCA) to an interdisciplinary care plan meeting following the completion of their Quarterly Minimum Data Set (MDS) assessment.</p> <p>Findings include:</p> <p>Review of the Facility's Policy, titled Comprehensive Care Plans, revision date of 11/2017, indicated the following:</p> <ul style="list-style-type: none"> -Care Plans are oriented toward preventing avoidable decline in clinical and functional levels, maintaining a specific level of functioning, and reflect resident preferences and the right to refuse certain services and treatment. -Care Plans are a combination of the resident and/or family goals for treatment. -The Care Plan is evaluated and revised as needed but at least quarterly. <p>During a telephone interview on 03/18/25 at 11:29 A.M., Family Member #1 said she was Resident #2's Health Care Agent, that she had not been invited, and therefore unable to participate in, Resident #2's December 2024 care plan meeting.</p> <p>Resident #2 was admitted to the facility in June 2024, diagnoses included schizoaffective disorder, anxiety disorder and bipolar disorder.</p> <p>Review of Resident #2's Documentation of Resident Incapacity Pursuant to Massachusetts Health Care Proxy (HCP) Act, dated 10/20/24, indicated Resident #2's Physician determined Resident #2 lacked the capacity to make or communicate health care decisions due to his/her moderate dementia, his/her HCP was activated.</p> <p>Review of the facility's Care Plan Meeting Invitation, dated 12/31/24, indicated the following boxes were left blank for Resident #2:</p> <p>(continued on next page)</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Invitation sent to the patient/guardian/responsible party?</p> <p>-Was the patient/guardian/responsible party reminded prior to the meeting?</p> <p>-Was [Did] the patient/guardian/responsible party decline the invitation?</p> <p>Review of Resident #2's Interdisciplinary Care Plan Meeting Form, dated 12/31/24, indicated that where Family Member #1 (HCA) would have signed as being in attendance, was blank. Further review of the Form indicated the box next to Resident Representative Participated in the Care Plan Process, was also left blank.</p> <p>Review of Resident #2's medical record indicated there was no documentation to support who (which included facility staff members) attended Resident #2's care plan meeting on 12/31/24.</p> <p>During an interview on 03/19/25 at 2:09 P.M., Social Worker #1 said the invitations to the care plan meetings were given to the residents, and if Resident #2's Health Care Proxy was invoked, an invitation should also have been sent to the residents' Health Care Agent. Social Worker #1 said the attendance sign-in sheet for Resident #2's care plan meeting on 12/31/24 should not have been left blank and there also should have been a progress note written in Resident #2's medical record to reflect who attended his/her care plan meeting. Social Worker #1 said she did not realize Resident #2's Health Care Proxy had been invoked until today (the day of survey).</p> <p>During a telephone interview on 03/20/25 at 12:01 P.M., the Administrator said it was his expectation that Social Services would have included Resident #2's Health Care Agent in the care planning process.</p>		