

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 10/14/2025
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1) whose comprehensive plan of care interventions indicated that he/she required the assistance of two staff members with the mechanical lift for all transfers, the Facility failed to ensure that staff consistently implemented and followed interventions related to transfers, when on 09/17/25, Nurse #1 observed Certified Nurse Aide (CNA)#1 and CNA #2 transfer Resident #1 without the use of a mechanical lift, as required. Findings include: Review of the Facility policy titled, Resident Assessment and Care Plan, dated April 2025, indicated the Facility developed and implemented a resident-centered care plan for each resident that includes measurable objectives and timelines to accommodate preferences, special medical, nursing and psychosocial needs. Review of the Facility policy, titled Activities of Daily Living (ADL-activities related to personal care including eating, bathing, dressing, transfer, and mobility), dated April 2015, indicated that the Facility developed and implemented a program of assistance and instruction in ADL skills based on individual resident evaluation. Resident #1 was admitted to the Facility in October 2024, diagnoses included Alzheimer's disease, Major Depressive Disorder and Anxiety Disorder. Review of Resident #1's Minimum Data Set (MDS) Assessment, dated 07/11/25, indicated that he/she had moderate cognitive impairment, was dependent on staff for his/her care needs, did not walk, and was dependent on staff for positioning, transfers and mobility. Review of Resident #1's Activities of Daily Living Care Plan, reviewed and renewed with his/her 07/11/25 MDS, indicated he/she required a Hoyer (mechanical) lift for transfers. Review of Resident #1's Care Card (used by the CNA's to determine individual resident care needs), dated as last revised 01/28/25, indicated he/she required assistance of two staff members with a Hoyer (mechanical) lift for transfers. Review of CNA #1's written witness statement, dated 09/17/25, indicated that CNA #1 and CNA #2 lifted and transferred Resident #1 from his/her bed to the wheelchair and that a Hoyer (mechanical) lift had not been utilized. During an interview on 10/24/25 at 1:20 P.M., CNA #1 said that she was familiar with Resident #1's care and that he/she had been on her assignment. CNA #1 said that Resident #1 had been care planned for a Hoyer lift transfer but that on the morning on 09/17/25 she had bathed and dressed Resident #1 without difficulty, had placed the Hoyer lift pad onto his/her chair, and with the assistance of CNA #2, had transferred Resident #1 from his/her bed to the wheelchair without the use of the Hoyer lift. CNA #1 said that she did not use the Hoyer lift for Resident #1 because he/she could stand. Review of CNA #2's written witness statement, dated 09/17/25, indicated that CNA #2 assisted CNA #1 to transfer Resident #1 in the morning on 09/17/25. The statement indicated that the Nurse had walked in the room and observed CNA #1 and CNA #2 transferring Resident #1 without the Hoyer lift. During an interview on 10/14/25 at 2:15 P.M., CNA #2 said that although he was aware that Resident #1 required a Hoyer lift for transfer, he had assisted CNA #1 to transfer Resident #1 without one. During an interview on 10/15/25 at 8:40 A.M., Nurse #1 said that she had walked into Resident #1's room as CNA #1 and CNA #2 were transferring him/her without the Hoyer lift. Nurse #1 said she immediately reported the incident to the Director of Nursing. During an interview of 09/17/25 at 3:15 P.M., the Director of Nursing (DON) said Facility staff had not transferred Resident #1 utilizing a Hoyer lift in accordance with his/her plan of care, as required. On 10/14/25, the Facility was found to be in Past Non-Compliance effective 09/24/25, and provided the Surveyor with a plan of correction which addressed the area of concern as evidenced by: A) The Facility discussed the area of concern at Quality Assurance Performance Improvement Committee meeting in September 2025 and initiated a Quality Improvement Plan. B) 09/17/25, the Facility implemented disciplinary actions for CNA#1 and CNA #2. C) 09/17/25, the Assistant Director of Nursing (ADON) conducted audits of all residents utilizing mechanical lift for compliance with transfer status, and skin condition to identify inconsistencies against observed head to toe assessments. D) 09/17/25, the Staff Development Coordinator (SDC) initiated education to facility CNAs on providing safe transfers. E) 09/18/25, the SDC initiated education to facility CNAs on the importance of adherence to information on the individual resident Care Cards and upholding safe transfers. F) 09/23/25, the SDC conducted clinical competency assessments on transferring Residents using a mechanical lift for CNA #1 and CNA #2. G) The SDC will conduct follow up audits consisting of random visual observations of mechanical lift transfers three times a week for three months. H) The Facility will continue to monitor compliance at monthly and quarterly Quality Assurance Meetings. I) The Director of Nurses and/or designee are responsible for overall compliance.</p>		