STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225179	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Ramana Rehabilitation Center	485 Franklin Street Framingham, MA 01702

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 0604 Level of Harm - Actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. 41107 Based on interviews and records reviewed, for one of three sampled residents (Resident #1) who was moderately cognitively impaired, with behaviors that included unsafe rising and disrobing, the Facility failed to ensure Resident #1 was free from the use of a physical restraint imposed for the purpose of staff convenience when on 08/14/24 during the overnight shift, sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), Certified Nurse Aide (CNA) #1 and CNA #2 transferred Resident #1 into his/her a tilt back wheelchair, CNA #1 then placed a blanket across Resident #1's torso/lap area, then tied the blanket behind his/her wheelchair securing it snuggly in place, and then both CNA's left the room to care for other residents. Although CNA #2 witnessed CNA #1 tie the blanket in place, CNA #2 did not report it to anyone, and Resident #1 was left in his/her tilt back wheelchair secured by the blanket for at least three hours, until a staff member on the following shift discovered it and released the blanket. Findings include: Review of the Facility Policy titled Abuse Prohibition Guideline, dated as review 10/24/22, indicated the resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes freedom from corporal punishment, involuntary seclusion, and physical and chemical restraint not required to treat the resident's medical symptoms. Review of the Facility's Policy title, Use of Physical Restraints Guideline, dated 01/08/18, indicated the following: -restraints shall only be used for the safety and well-being of the residents and only after other alternatives have been unsuccessful, and -a physical restraint is defined as any manual method, physical or mechanical device, equipment or material that meets the following criteria: is attached or adjacent to the resident's body, cannot be removed easily by the resident, and restricts the resident's freedom of movement or normal access to his/her body. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Casa DE Ramana Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 485 Franklin Street Framingham, MA 01702	

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 0604 Level of Harm - Actual harm Residents Affected - Few	Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 08/14/24, indicated that on 08/14/24, sometime between 8:30 A.M. and 9:00 A.M. (exact time unknown), an Occupational Therapist (later identified as OT #1), observed Resident #1 sitting in his/her wheelchair in his/her room with a blanket covering his/her torso/lap areas with the corners of the blanket tied in knots behind the back of the wheelchair. The Report indicated that CNA #1, CNA #2, and Nurse #1 were interviewed via the telephone and it was determined that sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), after providing care, CNA #1 tied (knotted in back of wheelchair) a blanket that she placed across Resident #1's lap/torso area due to his/her behavior of frequent undressing, and CNA #1 had said she did not want him/her sitting naked in his/her room. The Report also indicated that during the telephone interview it was determined that CNA #2 had been present when CNA #1 tied the blanket behind Resident #1's wheelchair, and that Nurse #1 was unaware of the incident because it had not been reported to her (by CNA #2). The Facility's Investigation Report Conclusion indicated that on 08/14/24 sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), CNA #1 placed a blanket over Resident #1 and fastened it behind him/her (tied in knots in the back of the wheelchair) as she felt this was the most effective way to preserve Resident #1's dignity and prevent him/her from sitting naked in his/her wheelchair. The Investigation indicated that CNA #2 was present when CNA #1 tied the blanket and questioned CNA #1 but did not report it to Nurse #1. The Report indicated that it was not until OT #1 attempted to reposition Resident #1's wheelchair, that she (or any other staff member) discovered that the blanket (covering Resident #1) was tied behind his/her wheelchair. Although Resident#1's impaired cognition minimized his/her understanding of the incident, an unimpaired individual would have experienced mental anguish after being treated by a caregiver in this manner. Resident #1 was admitted to the Facility in August 2024, diagnoses included toxic encephalopathy (brain functions are affected by toxins), rhabdomyolysis (causes muscle tissue to break down), and history of falling. Resident #1's Admission Minimum Data Set (MDS) Assessment, dated 08/07/24, indicated Resident #1 had moderate cognitive impairment and required moderate assistance from staff for transfers. Review of Resident #1's Falls Care Plan, dated 08/06/24, indicated he/she was at high risk for falls and included an intervention that staff should anticipate and meet Resident #1's needs. The Care Plan also indicated that Resident #1 had a fall on 08/06/24. Review of Resident#1's Mental Status Care Plan, dated 08/05/24, indicated he/she had altered mental status and included an intervention for staff to monitor and maintain Resident #1's safety. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Casa DE Ramana Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 485 Franklin Street Framingham, MA 01702	

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 0604 Level of Harm - Actual harm Residents Affected - Few	During an interview on 09/03/24 at 12:09 P.M., which included a review of her Written Witness Statement, dated 08/14/24, Occupational Therapist (OT) #1 said that on 08/14/24 sometime between 8:30 A.M. and 9:00 A.M. (exact time unknown), she entered Resident #1's room and saw Resident #1 sitting in his/her tilted back wheelchair, wearing a [NAME] and said there was a blanket covering his/her lap/torso area. OT #1 said that when she attempted to reposition Resident #1's tilt back wheelchair to a more upright position, she noticed that the blanket that was across Resident #1's lap/torso area, was tied in knots behind his/her wheelchair. OT #1 said the blanket was tight enough that it was taut (stretched, had no slack) across Resident #1's abdomen. OT #1 said she immediately called Nurse #2 into Resident #1's room. During an interview on 09/03/24 at 1:11 P.M., Nurse #2 said that on 08/14/24, sometime between 8:30 A.M. and 9:00 A.M. (exact time unknown), OT #1 called her into Resident #1's room. Nurse #2 said she saw Resident #1 sitting in his/her tilt back wheelchair with a blanket across his/her lap/torso area and that it was tied behind his/her wheelchair. Nurse #2 said the top two corners of the blanket had been tied in a double knot, was physically holding Resident #1 back in his/her wheelchair, and was tied tight enough to keep Resident #1 from getting up (self-rising). During a telephone interview on 09/10/24 at 9:52 A.M., which included a review of her Written Witness Statement, dated 08/14/24, CNA #1 said that Resident #1 always tried to get out of his/her bed and/or out of his/her wheelchair, and also takes his/her clothes off. CNA #1 said that during her overnight shift which began on 08/13/24 and ended on 08/14/24, that she (CNA #1) and CNA #2 got Resident #1 up into his/her tilt back wheelchair sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), and that he/she began removing his/her clothing. CNA #1 said she then put a blanket over Resident #1 and had tucked it in behind his/her wheelchair to uphold her dignity. CNA #1 said she and CNA #2 left Resident #1 in his/her room seated in his/her wheelchair with it half-way tilted back, which, she said, was just enough so that he/she (Resident #1) could not get out of his/her wheelchair and then they left the room to continue to care for other residents. Review of CNA #2's Written Witness Statement, dated 08/14/24, indicated that CNA #2 said that on 08/14/24 sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), she and CNA #1 dressed Resident #1 in a [NAME] and transferred him/her to his/her wheelchair. The Statement indicated that she saw CNA #1 tying the blanket that was on Resident #1 and that she asked CNA #1 why she was tying him/her, and that CNA #1 told her it was for Resident #1's dignity. The Surveyor was unable to interview CNA #2 as she did not respond to the Department of Public Health's telephone or letter requests for an interview. During an interview on 09/12/24 at 4:36 P.M., which included a review of her Written Witness Statement, dated 08/14/24, Nurse #1 said that sometimes Resident #1 is a fall risk because he/she frequently tries to get up unassisted and that he/she also disrobes at times Nurse #1 said she had been in Resident #1's room while CNA #1 and CNA #2 were getting him/her out of bed and said she had also gone into his/her room afterwards to give him/her medications once he/she was out of bed. Nurse #1 said she saw the blanket across Resident #1's lap/torso, but said she did not realize it had been tied in place behind his/her wheelchair. Nurse #1 said that neither CNA #1 or CNA #2 told her that the blanket had been tied around Resident #1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Casa DE Ramana Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 485 Franklin Street Framingham, MA 01702	

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 0604 Level of Harm - Actual harm Residents Affected - Few	During an interview on 09/03/24 at 2:05 P.M., the Director of Nurses (DON) said that on 08/14/24, Nurse #2 told him that Resident #1 was found tied into his/her wheelchair. The DON said he called several staff members in an attempt to determine who tied the blanket around Resident #1. The DON said CNA #1 told him she tied the blanket around Resident #1 because he/she was disrobing and she (CNA #1) wanted to preserve his/her dignity. The DON said that CNA #2 told him that she saw CNA #1 put a blanket across Resident #1's lap/torso and tie it behind his/her wheelchair. The DON said Nurse #1 had been unaware that CNA #1 had tied the blanket around Resident #1's wheelchair because she had not seen it, and that neither CNA #1 or CNA #2 had notified her. During an interview on 09/03/24 at 2:32 P.M., the Administrator said that on 08/14/24, the DON notified her that Nurse #2 reported to him that someone had placed a blanket across Resident #1's lap/torso and tied it in place in the back of his/her wheelchair. The Administrator said that she and the DON interviewed CNA #1 and she told them that she tied the blanket around Resident #1 to preserve Resident #1's dignity. The Administrator said that, although CNA #1 said she tied the blanket around Resident #1 and his/her wheelchair to preserve his/her dignity, that technically it was a restraint.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Ramana Rehabilitation Center	485 Franklin Street Framingham, MA 01702

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 0607

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Develop and implement policies and procedures to prevent abuse, neglect, and theft.

41107

Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had moderate cognitive impairment, the Facility failed to ensure staff implemented and followed their Abuse Policy when on 08/14/24 sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), after witnessing Certified Nurse Aide (CNA) #1 put a blanket across Resident #1's lap/torso and secure it in place by tying it behind his/her wheelchair, CNA #2 did not report the incident to Nurse #1 or Administration, and Resident #1 remained in his/her room, unattended by staff, secured in his/her wheelchair for at least three hours before another staff member discovered and released it.

Findings include:

Review of the Facility Policy titled Abuse Prohibition Guideline, dated as review 10/24/22, indicated the following:

-the resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes freedom from corporal punishment, involuntary seclusion, and physical and chemical restraint not required to treat the resident's medical symptoms,

- all employees are identified as a covered individual and having knowledge of apparent abuse or neglect of a resident of misappropriation f resident's property, shall be obligated to report such incidents to his or her immediate supervisor, and

-any staff observing suspected abuse, will remove the resident from danger immediately, and report to the licensed nurse.

Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 08/14/24, indicated that on 08/14/24 sometime between 8:30 A.M. and 9:00 A.M. (exact time unknown), an Occupational Therapist (later identified as OT #1), observed Resident #1 sitting in his/her tilt back wheelchair with a blanket covering his/her lap/torso with the corners tied in knots behind the back of the wheelchair. The Report indicated that CNA #1, CNA #2, and Nurse #1 were interviewed by telephone and it was determined that sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), after providing care, CNA #1 tied the blanket around Resident #1 due to his/her behavior of frequent disrobing, and did not want him/her sitting naked in his/her room. The Report also indicated that Administration determined that CNA #2 had been present when CNA #1 tied the blanket around Resident #1 and behind Resident #1's wheelchair, and that Nurse #1 had been unaware of the incident because it had not been reported to her by either CNA.

The Facility's Investigation Report Conclusion indicated that on 08/14/24 sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), CNA #1 placed a blanket over Resident #1 and fastened it behind him/her as she felt this was the most effective way to preserve Resident #1's dignity and prevent him/her from sitting naked in his/her wheelchair. The Investigation indicated that CNA #2 was present when CNA #1 tied the blanket and questioned CNA #1, but did not report it to Nurse #1. The Report indicated that it was not until OT #1 attempted to reposition Resident #1's wheelchair, that she (or any other staff member) discovered that the blanket (covering Resident #1) was tied behind him/her.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Casa DE Ramana Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 485 Franklin Street Framingham, MA 01702	

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/03/24 at 12:09 P.M., which included a review of her Written Witness Statement, dated 08/14/24, Occupational Therapist (OT) #1 said that on 08/14/24 sometime between 8:30 A.M. and 9:00 A.M. (exact time unknown), she entered Resident #1's room and saw Resident #1 sitting in his/her wheelchair wearing a [NAME] with a blanket over his/her lap/torso. OT #1 said that when she attempted to reposition Resident #1's wheelchair to a more upright position, she noticed that the blanket across Resident #1's lap/torso had been tied in a knots behind his/her wheelchair. OT #1 said the tied blanket was tight enough that it was taut (stretched, had not slack) across Resident #1's lap. OT #1 said she immediately called Nurse #2 into Resident #1's room. During an interview on 09/03/24 at 1:11 P.M., Nurse #2 said that on 08/14/24, sometime between 8:30 A.M. and 9:00 A.M. (exact time unknown), that OT #1 called her into Resident #1's room. Nurse #2 said she saw Resident #1 sitting in his/her wheelchair with a blanket across his/her lap/torso and tied behind his/her wheelchair. Nurse #2 said that the top two corners of the blanket had been tied in double knots and was holding Resident #1 back in his/her wheelchair, and said it was tied tight enough to keep Resident #1 from self-rising. During a telephone interview on 09/10/24 at 9:52 A.M., which included a review of her Written Witness Statement, dated 08/14/24, CNA #1 said that during her overnight shift which began on 08/13/24 at 11:00 P. M., and ended on 08/14/24 at 7:00 A.M., that she (CNA #1) and CNA #2 got Resident #1 up into his/her wheelchair sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), and that he/she (Resident #1) began removing his/her clothing. CNA #1 said she then put a blanket across Resident #1's lap/torso and tucked it in behind his/her wheelchair to uphold his/her dignity. CNA #1 said she and Resident #1 was seated in his/her wheelchair with it half-way tilted back, which was just enough that he/she (Resident #1) could not get out of his/her wheelchair. Review of CNA #2's Written Witness Statement, dated 08/14/24, indicated that on 08/14/24 sometime between 5:30 A.M. and 6:00 A.M. (exact time unknown), she (CNA #2) and CNA#1 dressed Resident #1 in a [NAME] and transferred him/her out of bed into his/her wheelchair. The Statement indicated that CNA #2 said she saw CNA #1 tying him/her (Resident #1) around the waist (with a blanket), and said that when she (CNA #2) asked CNA #1 why she was tying him/her with the blanket, CNA #1 told her that she was trying to keep Resident #1's dignity. Further review of CNA #2's Statement indicated there was no evidence to support that although CNA #2 questioned CNA #1 about tying the blanket behind Resident #!'s wheelchair, that CNA #2 reported the incident to anyone. The Surveyor was unable to interview CNA #2 as she did not respond to the Department of Public Health's telephone or letter requests for an interview. During a telephone interview on 09/12/24 at 4:36 P.M., which included a review of her Written Witness Statement dated 08/14/24, Nurse #1 said she worked during the overnight shift that began on 11:00 P.M. on 08/13/24 at 11:00 P.M., and ended on 08/14/24 at 7:00 A.M. Nurse #1 said she went into Resident #1's room to give him/her medications after Resident #1 was up in his/her wheelchair and noticed a blanket across his/her lap/torso, but said she had not noticed that it had been tied behind Resident #1's wheelchair. Nurse #1 said that CNA #1 and CNA #2 had told her (Nurse #1) that Resident #1 was all set in his/her wheelchair, but said neither one told her that the blanket across Resident #1's lap/torso had been tied behind his/her wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225179	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Casa DE Ramana Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 485 Franklin Street Framingham, MA 01702	

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/03/24 at 2:05 P.M., the Director of Nurses (DON) said that on 08/14/24, sometime in the morning, that Nurse #2 told notified him that OT #1 had found Resident #1 sitting in his/her wheelchair with a blanket across his/her torso/lap and tied behind his/her wheelchair. The DON said he investigated the incident and determined that CNA #1 had placed the blanket across Resident #1's lap/torso and tied it behind the back of Resident #1's wheelchair. The DON said CNA #2 witnessed CNA #1 tie the blanket, but had not reported it to Nurse #1 or Administration, and should have.