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	11/26/2024

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 45429 Based on interview, and record review, the facility failed to ensure that information to file a grievance or complaint was readily available to residents during their facility stay, for seven Residents out of 13 residents. Specifically, for seven residents attending the Resident Council group meeting during the facility survey, the facility failed to ensure residents had access to grievance/concern/complaint forms so the residents could formulate grievances anonymously, should they choose not to alert a staff member of their concern(s). Findings include: Review of the facility policy titled Resident Rights and Responsibilities Guideline, last revised 9/27/18, indicated: -upon admission the Director of Admissions/Designee provided residents with a copy of Residents Rights. -you may voice grievances concerning your care without fear of discrimination or reprisal. Review of the facility's policy titled Resident- Grievance Guideline, last revised 6/26/19, indicated that it is the policy of this organization to: -support each Resident's right to voice concerns/grievances. -uphold the rights of Residents, legal representatives, other involved family member(s), or resident advocates to voice consumer concerns without discrimination or reprisal. Review of the facility's Admission Agreement, last revised May 2021, indicated: -if you have a grievance or complaint, please bring it to the attention of your Nurse or social worker immediately. -there are also Concern Forms which we collect and will respond to within five business days. (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 11/26/2024

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-forms can be found on every floor, located at the bulletin board area of each unit, at each elevator. -complaint resolution forms are located beside posted complaint resolution notices at the center. During a tour of the facility on 11/20/24 at 12:32 P.M., the surveyor did not observe the availability of grievance or concern forms on any of the facility's three nursing units located on three separate floors. During an observation and interview on 11/20/24 at 1:02 P.M., the surveyor and Nurse #1 observed that the grievance or concern forms were not available in the designated wall mounted folder on the first floor. Nurse #1 said that the grievance/concern forms were located in a file cabinet behind the nurses station. During an observation and interview on 11/20/24 at 1:05 P.M., the surveyor and Nurse #2 observed that the grievance or concern forms were not available in the designated wall mounted folder on the second floor. Nurse #2 said that the grievance/concern forms were located in a file cabinet behind the nurses station. During an observation and interview on 11/20/24 at 1:08 P.M., the surveyor and Nurse #3 observed that the grievance or concern forms were not available in the designated wall mounted folder on the third floor. Nurse #3 said that the grievance forms were located in a file cabinet behind the nurses station. During a group meeting on 11/20/24 at 2:31 P.M., seven out of 13 residents in attendance expressed concerns that the grievance forms were not readily available for them to voice complaints and that they had to ask a nursing staff member for the forms to file a complaint. During an interview on 11/20/24 at 3:40 P.M., the Administrator said the grievance forms should have been made readily available for residents on each floor to file a complaint anonymously and they were not. The Administrator also said that the residents could ask for the forms that were located behind the nurses stations from the nursing staff.

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 11/26/2024
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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50320 Based on record review and interview the facility failed to complete the required Minimum Data Set (MDS) tracking record for one Resident (#84) out of a total sample of 22 records. Specifically, the facility failed to complete the MDS entry tracking record for Resident #84 when the Resident was readmitted to the facility after a discharge to an acute care hospital, with return anticipated. Findings include: Review of The Centers for Medicare and Medicaid (CMS) Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual dated October 2024, indicated: -For a resident discharged to a hospital or other setting who comes in and out of the facility on a relatively frequent basis and reentry can be expected, the resident is discharged return anticipated unless it is known on discharge that they will not return within 30 days. This status requires an Entry tracking record each time the resident returns to the facility. -The Entry tracking record must be completed every time a resident is admitted (admission) or readmitted (reentry) into a nursing home. -The Entry tracking record must be completed within 7 days after the admission/reentry, and it must be submitted no later than the 14th calendar day after the entry Resident #84 was admitted to the facility in July 2024 with diagnoses including Striatonigral Degeneration (a fatal neurodegenerative disease that effects the involuntary functions and motor control of the body) and Adult Failure to Thrive (a syndrome of global decline in older adults as a worsening of physical frailty that is frequently compounded by cognitive impairment, weight loss, decreased appetite or poor nutrition and inactivity). Review of Resident #84's clinical record indicated: -The Resident was discharged to the hospital on 9/24/24. -A discharge tracking record for the Resident was entered on 9/24/24, indicating the Resident was discharged with return anticipated. -The Resident was readmitted to the facility from the hospital on 9/27/24. -No evidence of an Entry tracking record was found in Resident #84's clinical record. (continued on next page)

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	11/26/2024

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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	During an interview on 11/21/24 at 12:53 P.M., MDS Coordinator #2 said an Entry tracking record should have been completed when Resident #84 returned to the facility on [DATE] but this was not done. MDS Coordinator #2 said they do not have a policy and procedure for completion of MDS assessments and tracking, that the facility used the RAI manual as a guide.

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 11/26/2024

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429 Based on observation, record review, and interview, the facility failed to ensure that Minimum Data Set (MDS) Assessments were accurately coded to reflect the Residents' status for one Residents (#87) out of a total sample of 22 residents. Specifically, for Resident #87, the facility failed to ensure that the MDS assessment was accurately coded for the use of limb restraints while in his/her wheelchair and out of bed and not while in bed. Findings include: 1. Resident #87 was admitted to the facility in November 2023, with diagnoses including Hemiplegia (paralysis on one side of the body), Hydrocephalus (abnormal enlargement of the brain cavity caused by a build-up cerebrospinal fluid) and left foot drop (difficulty lifting the front part of the foot). Review of the Resident #87's care plans, last revised 10/15/24, indicated: -The Resident uses a custom wheelchair with bilateral leg straps as a positioning device and enabler for them to get out of bed and participate in the long-term care community on a regular basis. -the Resident has a potential for psychosocial wellbeing problem related to bilateral leg restraints to keep him/her from falling out of his/her chair. They are unable to undo the straps themselves. Review of Resident #87's November 2024 Physician's orders indicated: -May use custom Broda Chair (specialty wheelchair designed to provide comfort, support, and mobility throughout the day) with Bilateral straps. Release bilateral straps every 2 hours and re-position, start date of 9/10/24. -Release bilateral leg straps and reposition while up in chair six times a day for positioning device management, start date of 11/16/24. Review of Resident #87's most recent Minimum Data Set (MDS) assessment dated [DATE], did not indicate that the Resident utilized limb restraints while in their chair or out of bed during the MDS observation period. Further review of the MDS Assessment indicated that the Resident had utilized limb restraints while in bed. On 11/20/24 at 9:37 A.M., the surveyor observed Resident #87 lying in bed. The surveyor did not observe the Resident having limb restraints in place while in bed. (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 11/26/2024
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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	During an interview on 11/25/24 at 9:35 A.M., the MDS Nurse said that the Resident was not accurately coded relative to the use of limb restraints, and that Resident #87 did not utilize limb restraints while in bed.

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	11/26/2024

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 45429 Based on record review, and interview, the facility failed to accurately complete a Level I Preadmission Screening and Resident Review (PASARR- screen to determine if a resident had an intellectual or developmental disability (ID or DD) and/or serious mental illness (SMI) and needed further evaluation) for one Resident (#87), out of a total sample of 22 total residents. Specifically, for Resident #87, the facility failed to accurately complete a Level I PASRR indicating that the Resident had a diagnosis of Bipolar Disorder, and received emergency psychiatric services while hospitalized within the last two years in the community, resulting in a Level II PASRR Evaluation (an evaluation conducted to determine if an individual who screened positive for an SMI or ID/DD requires specialized services) not being completed as required. Findings include: Resident #87 was admitted to the facility in November 2023, with diagnoses including Bipolar Disorder (a mental health condition that causes extreme mood swings that include emotional highs [mania or hypomania] and lows [depression]), Anxiety Disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with daily activities) and Major Depressive Disorder (symptoms lasting greater than two weeks of a persistently low or depressed mood and a loss of interest in activities that a person used to enjoy). Review of Resident #87's PASRR Level I Screening, dated 1/5/23, indicated No to the following questions: -Does the applicant have a documented diagnosis of a mental illness or disorder (MI/D) or substance use disorder (SUD) that may lead to chronic disability? -Within the past two years, is the applicant known to have required one of the treatments or interventions listed below, that is, or may be due to a mental illness or disorder (MI/MD) .one or more inpatient psychiatric hospitalization s, suicide attempt? Review of the Referral Admission Information dated 10/19/23, indicated Resident #87 had a history of suicidal ideation while at the hospital requiring emergency mental health treatment. Further review of the Referral Admission Information indicated that the Resident was diagnosed with Bipolar Disorder, Depression, and Anxiety. Review of the facility policy titled PASRR, last revised on 6/1/24, indicated the following: -a nursing facility must ensure an individual who has or is suspected of having SMI is referred to the DMH PASRR Unit . for a post-admission Level II evaluation. (continued on next page)

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	11/26/2024

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/25/24 at 8:58 A.M., Social Worker (SW) #1 said that a new Level I PASRR should have been completed for Resident #87 as the Level I PASRR was not completed correctly. SW #1 also said that a request for a Level II PASRR should have been completed and had not been as required.

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 11/26/2024
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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47901 Based on observation, interview, and record review, the facility failed to provide Activities of Daily Living (ADLs: fundamental skills required to independently care for oneself, such as eating, bathing, and mobility) care and services pertaining to mobility for one Resident (#106), out of a total sample of 22 residents. Specifically, the facility failed to provide care and services that would maintain and/or improve Resident #106's functional mobility when the Resident was discontinued from Physical Therapy (PT) services and required the assistance of one staff member with ambulation. Findings include: Resident #106 was admitted to the facility in September 2024 with diagnoses including muscle weakness (lack of muscle strength), Wernicke's Encephalopathy (a brain and memory disorder caused by a lack of thiamine [vitamin B1], that causes mental confusion, vision problems, and lack of muscle coordination), Metabolic Encephalopathy (altered mental status) and Cognitive Communication Deficit (difficulty in communicating effectively due to an underlying cognitive impairment). Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #106: -was cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 10 out of a total possible score of 15. -needed physical assistance for ambulation. On 11/20/24 at 9:04 A.M., the surveyor observed Resident #106 lying in bed. During an interview at the time, the Resident said he/she did not understand why he/she did not ambulate. During an interview on 11/20/24 at 10:55 A.M., Resident #106's Health Care Proxy (HCP- the person chosen as the healthcare decision maker when the individual is unable to do so for themself) said the Resident had been discontinued from Physical Therapy (PT) due to a lack insurance coverage. The HCP said the facility staff had not followed through to assist the Resident to ambulate and he/she was concerned that the Resident would decline in his/her ambulation status. Review of the November 2024 Physician's orders indicated: -HCP was invoked on 9/13/24. -May have Physical Therapy and treatment as indicated, started 9/6/24. Review of Resident #106's care plan for Physical Mobility, initiated on 9/6/24, indicated: -No weight bearing restrictions. (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 11/26/2024
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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident is able to ambulate with assistance from one staff member with a rolling walker. Review of the Certified Nurses Aide (CNA) Clinical Flow Sheet Documentation for Ambulation indicated Resident #106 did not ambulate in October 2024 and November 2024. Review of the Physical Therapy documentation indicated Resident #106 was discontinued from Physical Therapy (PT) services on 10/3/24. During an interview on 11/21/24 at 9:33 A.M., Nurse #4 said Resident #106 had been ambulating with PT but had been discontinued from PT services. Nurse #4 said he was not aware of any other staff assisting the Resident with ambulating since PT services were discontinued. During an interview on 11/21/24 at 9:37 A.M., CNA #1 said Resident #106 was not assisted with ambulating by staff. During an interview on 11/21/24 at 9:45 A.M., Nurse #5 said Resident #106 was no longer on PT services and had not been assisted by staff with ambulating. During an interview on 11/21/24 at 10:02 A.M., the Rehabilitation Director said Resident #106 had been discharged from PT since 10/3/24. The Rehabilitation Director further said she was not aware the facility staff had not assisted the Resident to ambulate since PT services had been discontinued. The Rehabilitation Director said the facility staff should have followed the Resident's care plan and assisted the Resident with ambulating after the PTservices were discontinued. During an interview on 11/26/24 at 9:26 A.M., the Director of Nursing (DON) said he was not aware that the Resident had not been ambulated by staff and would review. During a follow-up interview on 11/26/24 at 9:57 A.M., the DON said according to the CNA documentation, Resident #106 had not been ambulated with the assistance of staff. The DON further said that the CNAs did not understand the Resident's plan of care and had not been providing ambulation assistance for the Resident but they should have.

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 11/26/2024
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 50320 Based on observation, interview, and record review, the facility failed to provide assistance with activities of daily living (ADLs- fundamental skills required to independently care for oneself, such as eating, bathing, and mobility) for one Resident (#1) out of a total sample of 22 residents. Specifically, the facility failed to ensure Resident #1 was provided personal hygiene assistance for nail trimming and cleaning. Findings include: Review of the Facility policy titled ADL Support Guideline, dated 8/10/17, indicated: -Residents who are unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Resident #1 was admitted to the facility in August 2021, with diagnoses including Non-Traumatic Intracerebral Hemorrhage (bleeding in the brain that occurs without trauma or surgery), Intraventricular (a sudden bleeding in the tissues and ventricles of the brain) and Hemiplegia (paralysis of one side of the body) and Hemiparesis (muscle weakness or partial paralysis on one side of the body) following cerebral infarction, left non-dominant side. Review of Resident #1's Minimum Data Set (MDS) Assessment completed on 9/6/24, indicated: -The Resident was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. -The Resident had no noted instances of rejection of care. -The Resident required partial to moderate assist (helper does less than half the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort) with personal hygiene. Review of the Resident's ADL care plan initiated on 2/26/22, revised on 4/3/24, indicated Resident #1 required partial/moderate assistance (physical assistance from one helper providing less than half of the effort). On 11/21/24 at 8:41 A.M., the surveyor observed that Resident #1's left-hand contracture (structural changes in the soft tissues causing joint deformities and loss of movement in the joints) was visible with the hand positioned in a fist resting on the bed at the Resident's side. The Resident was able to open the left hand for the surveyor, and the fingernails were observed to be untrimmed and jagged and had brown material underneath the nails on all fingers. The surveyor observed the Resident's middle finger had discoloration of the fingernail from the free edge and covering the majority of the entire nail bed. During an interview at the time, the Resident said the staff did not clean his/her hand every day. Resident #1 said he/she could not remember the last time his/her nails had been trimmed and that he/she would like someone to trim them his/her nails. (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 11/26/2024
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/21/24 at 11:58 A.M., Nurse #6 said the fingernail on the Resident's left middle finger looked like it had a fungal infection and needed to be reported to the Doctor. Nurse #6 said all of Resident #1's fingernails should have been trimmed and cleaned of debris during morning care which had already been completed earlier on this day. Nurse #6 said she was unaware of the potential fungal infection of the Resident's left middle fingernail or that the fingernails were not trimmed or cleaned. Nurse #6 said the Resident's hand should be checked during weekly skin inspections for any potential skin issues. Nurse #6 further said the untrimmed nails have the potential to cause skin breakdown and the nails should be cleaned and trimmed during ADL care or as needed (PRN) by the Certified Nurses Aides (CNAs) or nursing staff. During an interview on 11/25/24 at 12:53 P.M., Rehabilitation Staff #2 said if she observed a resident with nails that need to be trimmed and cleaned during treatment sessions she would report it to nursing. Rehabilitation Staff #2 said she had observed that Resident #1's fingernails on the left hand needed to be trimmed and cleaned when completing range of motion and splinting in recent treatment sessions. Rehabilitation Staff #2 said she could not recall specific dates or if she had reported the condition of the Resident's nails to nursing. During an interview on 11/26/24 at 8:20 A.M., the Director of Nursing (DON) said nail trimming and cleaning was done as needed (PRN) for all residents. The DON said in the case of Resident #1, when the nursing staff was putting on the Resident's hand splint the staff member should have been cleaning the Resident's hand, and if the nails are long and/or dirty they should be trimmed and cleaned. The DON said CNA or Nurses were responsible for donning and doffing hand splints. The DON said the Resident was dependent for hygiene of the contracted hand and the staff should be completing the care for him/her. The DON said when the Nurse on duty completed weekly skin checks, they were all encompassing and the Resident's hand should be opened and checked for any potential skin issues. The DON said the Resident does have some history of refusing certain aspects of care but was unaware if Resident #1 had refused any nail trimming or nail cleaning recently. During an interview on 11/26/24 at 9:40 A.M., the DON said he was unable to find any evidence that Resident #1 had refused to allow the staff to complete nail trimming or grooming.