STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225275	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beaumont Rehab & Skilled Nursing Ctr - Westboro	3 Lyman Street Westborough, MA 01581

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on records reviewed and interviews for one of three sampled residents (Resident #1), who required set up assistance with meals and beverages, the Facility failed to ensure his/her environment was free from accidents resulting in serious injury, when on 1/16/26, a staff member served Resident #1 a hot cup of coffee that had been reheated in the microwave, however the staff member did not check the temperature of the coffee, in accordance with facility policy, before serving it to him/her. The hot coffee was spilled onto Resident #1, and he/she sustained second degree burns (partial thickness, involves both the first and second layer of skin and appears red, blistered, and maybe swollen or painful) to his/her bilateral upper thighs, which required daily treatment and monitoring by nursing.Findings include:Review of the Facility's protocol titled Microwave Safety for Hot Liquids dated 05/08/2011, indicated any liquids heated in the microwave will have temperature checked and the acceptable serving temperature is between 135-155 degrees Fahrenheit.Review of the American Burn Association Scald Injury Prevention Guide, dated 2017, indicated older adults are in a higher risk for burns and injuries. Older adults have thinner skin so hot liquids cause deeper burns with even brief exposure. Their ability to feel heat may be decreased due to certain medical conditions or medications so they may not realize the hot liquid is too hot until the injury has occurred.Resident #1 was admitted to the Facility in August 2025, diagnoses included lung cancer, congestive heart failure and chronic respiratory failure. Resident #1 was admitted to hospice services 01/05/26.Review of Resident #1's Annual Minimum Data Set (MDS) assessment, dated 01/20/26, indicated he/she required set up for eating.Review of Resident #1's Plan of Care related to Activities of Daily Living (ADL's), indicated he/she required set up assistance with meals.Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 01/23/26, indicated Resident #1 was sitting in a chair in his/her room at the bedside, had been delivered his/her supper tray on the bedside tray table along with a cup of coffee that CNA #1 had reheated in the microwave, Resident #1 refused the supper tray but requested the coffee. The Report indicated while CNA #1 was removing the supper tray and placing the cup of coffee on the tray table, CNA #1 accidentally bumped the tray table and the contents of the coffee cup spilled onto Resident #1's upper thighs.Review of the Facility's Internal Investigation Report, dated 01/23/26, indicated that the skin on Resident #1's upper thighs were red and blanchable. The Report indicated the Nurse and the Nursing Supervisor assessed Resident #1, saw redness and initiated treatment of cool compresses to both thighs.During an observation on Resident #1's Unit 2/26/26, there were signs clearly posted with the microwave that included reheating instructions along with a thermometer with the microwave, readily accessible for staff use.During an interview on 2/26/26 at 11:35 A.M., Resident #1 said CNA #1 bumped the tray table and the hot coffee spilled onto his/her upper legs and he/she sustained burns and required treatment. Review of Certified Nurse Aide (CNA) #1's written Witness Statement (included in the Investigation Report), dated 01/16/26, indicated she went to hand Resident #1 a cup of hot coffee (that she (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Actual harm Residents Affected - Few	had reheated in the microwave) and it spilled on his/her upper thighs.CNA #1's Statement did not indicate whether or not she checked the temperature of the coffee with a thermometer, (per facility policy) after she reheated the coffee prior to giving it to the resident.During a telephone interview on 02/26/26 at 2:53 P.M., Certified Nurse Aide (CNA) # 1 said that on 01/16/26, she went into Resident #1's room to deliver his/her supper tray and said she had reheated his/her cup of coffee in the microwave before bringing him/her the tray, because Resident #1 liked his/her coffee hot. CNA #1 said Resident #1 declined his/her supper tray and wanted just the coffee. CNA #1 said when she was removing the supper tray and placing the cup of coffee on the tray table, she accidentally bumped the tray table and the hot coffee spilled onto Resident #1's upper thighs. CNA #1 said she did not use the thermometer to check the temperature after she reheated the coffee.During a telephone interview on 3/02/26 at 2:22 P.M., Nurse #1 said that on 1/16/26 CNA #1 notified her that she bumped into Resident #1's tray table and that hot coffee spilled on Resident #1's upper thighs. Nurse #1 said she assessed Resident #1 and observed red and blanchable skin on his/her upper thighs, applied cool compresses and notified the physician. Nurse #1 said there are signs posted at all microwaves along with thermometers, to remind staff of the facility's Microwave reheating policy.Review of Resident #1's Wound Physician Evaluation, dated 01/22/26, indicated he/she had a cluster of second-degree burns measuring 5.8 centimeters (cm) length x 9.0 cm width on his/her right thigh and a first degree burn measuring 9.0 cm length x 17 cm width x 0.1 depth on his/her right thigh. A second degree burn measuring 2.2 cm x 1.3 cm was located on Resident #1's left thigh. The Wound Evaluation indicated that the primary treatment, as ordered by Physician, was to apply Silver Sulfadiazine cream once daily and as needed liberally to the three burn sites on Resident #1's right and left thighs until healed.During an interview on 2/26/26, at 11:45 A.M., the Wound Care Physician Assistant said Resident #1's burn wounds had healed by the third week of treatment with the Silver Sulfadiazine cream.During an interview on 02/26/26 at 11:59 A. M., the Food Service Director (FSD) said that the temperature guidelines for reheating food and beverages are posted in the kitchenettes on each unit near the microwave and thermometers are kept there as well. The FSD said it has always been the practice of the facility for staff to follow the policy and use thermometers to ensure the food/beverage temperature is reheated to no more than 155 degrees.During an interview on 02/26/26 at 11:49 A.M., the Assistant Director of Nurses (ADON) said CNA #1 reheated Resident #1's coffee in the microwave and did not follow facility policy when she did not use the thermometer to check the temperature after she reheated it. The ADON said it is the Facility's expectations that the CNA's and Nurses follow the reheating policy and check the temperature of beverages with the thermometer before serving it to a resident. The ADON said the policy on Microwave safety is reviewed with all new employees during orientation.During an interview on 02/26/26 at 12:05 P.M., the Director of Nurses (DON) said she interviewed CNA #1, and that she said she had reheated Resident #1's coffee, and that she did not take the temperature with a thermometer after reheating it. The DON said when CNA #1 had not followed facility policy when she did not use a thermometer to check the temperature of the coffee after reheating it in the microwave. The DON said it is the Facility's expectation that the CNA's and Nurses follow reheating guidelines and check the temperature of reheated food and beverage items with the thermometer, before being served to a resident. The DON said the Microwave Safety for Hot Liquids Policy is reviewed during staff orientation.On 02/26/26, the Facility presented the Surveyor with a Plan of Correction that addressed the areas of concern identified in this survey; with an effective date of 1/23/26, as follows:A. On 01/16/26, Resident #1 was immediately assessed by nursing after the incident. The Physician was notified with orders to use a cover on beverage cups, offer clothing protecters at all meals and (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	monitor burn areas. B. Wound Care Physician consultation was also ordered, and further treatment began on Resident #1 on 1/20/26.C. On 1/29/26, the Silvadene cream was discontinued to the second degree burn on Resident #1's left thigh and the first degree burn on his/her right thigh with treatment continuing for one more week to the second degree burn on his/her right thigh.D. On 01/20/26, a Facility wide audit was completed by the Director of Nursing and the Assistant Director of Nursing to ensure all kitchenettes had the Facility Reheating Guidelines clearly posted and thermometers were available. E. On 1/20/26, an Ad Hoc QAPI meeting was held to develop a plan to address the incident on 1/16/26, assess educational needs with re-education implemented for all nursing staff on the microwave safety policy.F. As of 1/23/26, the Director of Nursing and/or his/her designee had completed the Education of all nursing staff on the facility's reheating meals/beverages policy, and temperature checks.G. Starting effective 01/20/26- the Director of Nursing and/or his/her designee began conducting weekly audits on staff compliance and on staff knowledge of re-education, with reheating food/beverages per facility policy. The audits will continue to be completed weekly until substantial compliance is achieved. The results of the audits will be brought to monthly QAPI meeting.H. The concern area will continue to be reviewed during Quality Assurance Performance Improvement (QAPI) meeting, the Committee will review and discuss the burn incident as well as the results of the Audits completed thus far by the Director of Nursing and/or Designee.I. The Director of Nursing and/or Designee are responsible for overall compliance.