STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to provide residents with a homelike environment on three out of four Resident Units (East Two, [NAME] One, and [NAME] Two) and for one Resident (#71) out of total sample of 28 Residents. Specifically, 1. the facility failed to provide Residents #41 and #69 and other residents with appropriate and comfortable air temperature levels during Resident meals in the Sitting Rooms on the East Two, [NAME] One, and [NAME] Two resident Units. 2. the facility failed to ensure safe and sanitary side rail pads for Resident #71's bed, placing the Resident at the risk of injury and contamination. Findings include: Review of the facility policy titled Environmental Rounds, dated 6/2023, included but was not limited to: Each center will have an effective process for identification of .risks in the resident environment. >Rounds will be conducted monthly by the Infection Prevention Committee and appropriate department heads. >Areas identified as non-compliant will be evaluated by the committee to identify specific hazards and risks and to develop targeted interventions to reduce potential for adverse events. Review of the facility policy titled Administration - Residents' [NAME] of Rights Policy, last revised February 2024 indicated that Residents have the right to treat their living quarters as their home and subject to rules designed to protect the privacy, health and safety of the other residents of the facility. 1. Review of the facility's Interfacility Request for Repairs or Alterations Logbook for 2025 indicated that staff had reported that various heating units in the resident's rooms and common areas on the First and Second Floors of the facility had stopped working on: -10/12/25 -10/21/25 -11/11/25 -11/13/25 On 1/12/26 at 8:34 A.M., the surveyor observed that the air temperature in the East Two Unit Sitting Room was cold. The surveyor further observed there were two heating units in the room which were not operating and cold to the touch. One heating unit was observed to be in a state of disrepair, with (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	missing knobs, and the base board had fallen off and was on the floor with towels placed underneath. The surveyor failed to observe a thermostat in the Sitting Room and felt cold air blowing from the outside of the building through one of the heating units. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #41 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 15 out of a possible 15. During an interview on 1/12/26 at 8:37 A.M., Resident #41 said that he/she could not eat his/her meals in the sitting room on the East Two Unit Sitting Room because the temperature was too cold in the room. Resident #41 said that the heating unit was broken since last summer, that he/she really enjoys having meals with other Residents on the unit in there and often had to put on extra layers of clothing to eat in the Sitting Room comfortably. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #69 was moderately impaired as evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 12 out of a possible 15. During an interview on 1/12/26 at 8:49 A.M., Resident #69 said that the East Two Unit Sitting Room where they serve his/her meals was cold and he/she does not want to eat his/her meals in the Sitting Room because of the cold temperature. During an interview on 1/12/26 at 8:50 A.M., Nurse #2 said that the heat on the East Two Unit Sitting Room had not been working for months and that it had been preventing the residents on the unit from being able to eat or socialize in there as often as they would like to. Nurse #2 also said that the other Sitting Room on the [NAME] Two Unit was cold, which results in most residents eating their meals in their bedrooms. On 1/12/26 at 8:56 A.M., the surveyor and the Maintenance Director made environmental rounds using the Maintenance Director's handheld thermostat device, and the following temperatures were observed: -East Two Sitting Room: 66.9 degrees -West Two Sitting Room: 68 degrees -West One Sitting Room: 69 degrees During an interview at the time, the Maintenance Director said that the heating units in the Sitting Rooms on East Two, [NAME] Two and [NAME] One have been broken for months and that the temperatures in each room should be at least above 71 degrees. The Maintenance Director also said that he could feel the wind blowing through one of the broken heating units on East Two, that the towels should not have been placed in the heating unit and that the Sitting Room felt cold. The Maintenance Director said that he had not been monitoring the temperatures in the Sitting Rooms or completing any audits regarding the broken heating units. During an interview on 1/12/26 at 12:55 P.M., the Administrator said that they have been trying to get the broken heating units repaired, but they have been waiting on parts to arrive for them to be installed. The Administrator also said that the building did not have a policy on a Homelike (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Environment or temperature expectations in resident areas. 2. Resident # 71 was admitted to the facility in April 2024 with diagnoses including Seizures and Muscle Weakness. Review of the Minimum Data Set (MDS) Assessment, dated 12/3/25 indicated Resident #71: -was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of a total possible score of 15. -required substantial/maximal (helper lifts or holds trunk or limbs and provides more than half the effort) assistance to roll left to right. -was dependent for personal hygiene, as well for upper and lower body dressing. On 1/7/26 at 10:13 A.M., the surveyor observed Resident #71 lying in bed with padded side rail attachments to both left and right sided bedrails. During an interview at the time, Resident #71 said that the bedrails were padded so that he/she did not hit his/her head against the bedrails. The surveyor observed both left and right sided bedrail padding to be missing approximately 80% of the black vinyl-like material and exposing a white fabric-like material. The white fabric-like material was observed to be stained with a brown and pink substance. Resident #71 said no one had offered to replace the padding and he/she had never seen anyone attempt to clean the padding. On 1/13/26 at 12:00 P.M., the surveyor observed Resident #71 lying in bed with padded bedrail attachments to the left and right bedrails. The surveyor observed Resident #71's padded bedrails to have the protective black covering worn off with white fabric exposed to the left and right bedrails. The right sided pad was stained with brown and pink substance and the left side with brown substance. The surveyor also observed the top seam of the left sided pad to be exposed with a rough edge. During an interview at the time, Resident #71 said the padded rails bother him/her, the pads should be replaced, and they are dirty and gross. Resident #71 said that the bedrail padding with tears and stains had been on his/her bed for a long time. During an interview on 1/13/26 at 12:15 P.M., Certified Nurse Aide (CNA) #2 said he was assigned to provide care for Resident #71 and had provided care for Resident #71 in the past. CNA #2 said that Resident #71's padded bedrails were needed because Resident #71 was unable move or transfer by himself/herself. CNA #2 said that Resident #71's padded bedrails were unable to be removed for cleaning because they were screwed into place. The surveyor and CNA #2 observed the Resident's padded bedrails and CNA #2 said that both pads were missing the protective vinyl-like covering, had exposed fabric and were stained. CNA #2 said that the padding had been ripped and stained for a while and should have been cleaned or fixed. During an interview and observation on 1/13/26 at 12:35 P.M., Nurse #7 said that he had been assigned to Resident #71 today and had provided care to Resident #71 in the past. Nurse #7 said that the Resident's padded bedrails were in place because the Resident had left sided weakness. Nurse #7 said that the padded bedrails were screwed into place, the padding was old, stained and the original cover was missing. Nurse #7 said that if the padding had been washed the stains could have been removed. During an interview on 1/13/26 at 12:44 P.M., the Infection Preventionist (IP) said she conducted (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	environmental rounds every month together with the Administrator, Maintenance Director, Housekeeping Director and generally another nursing team member. The IP said that environmental rounds reviewed every part of the facility from floor to cleaning and everything in between. The IP said that when concerns were identified with the facility environment a corrective action would be initiated to correct the concern. The IP said resident rooms and equipment are reviewed during the monthly environmental rounds. The surveyor and the IP observed the Resident #71's padded bedrails and the IP said that the Resident's padded bedrails were a concern because the pads were missing the protective black covering and exposing fabric that could not be properly disinfected. The IP said that the torn and stained pads were not homelike and should have been replaced. During an interview on 1/13/26 at 12:50 P.M., the Director of Nursing (DON) said she would expect all staff to report Resident #71's equipment being in poor operational condition to the maintenance department. The DON said that she had time to observe the Resident's padded bedrails today and that the Resident has had the same padded bedrails for several years. The DON said that the Resident's padded bedrails were a concern because of the risk to the Resident for skin tears and not presenting as a home-like environment due the worn condition of the padded bedrails. During an interview on 1/13/26 at 1:00 P.M., the Maintenance Director said he had not been notified about concerns related to Resident #71's bedrails. The Maintenance Director said he conducted rounds on resident beds twice a year. The Maintenance Director said that Resident #71's bed was owned by the facility and had padded side rails that were screwed into place. The surveyor and the Maintenance Director observed the Resident's padded bedrails, and he said that the Resident's padded siderails had the worn off the protective covering, were stained, and had rough edges that could cause injury to the Resident's skin. The Maintenance Director said that the padded bedrails were not homelike or safe and needed to be replaced.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. Based on records reviewed, interviews, and observations, the facility failed to ensure they developed, implemented and maintained a Quality Assurance and Performance Improvement (QAPI) program that was comprehensive, ensured the residents' environment was maintained to promote a clean, safe, homelike environment, and was focused on indicators of quality of life for residents in the facility.Specifically, the facility failed to develop and implement an effective performance improvement plan to address the non-operational heating units on three out of four Resident Sitting Rooms, utilized for Resident meals. Findings include:Review of the Facility's policy for QAPI Program, last revised October 2024 indicated:-Our facility provides services across the continuum of care. These services have an impact on the clinical care and quality of life for residents living in our community.-All departments and services will be involved in QAPI activities and the organization's efforts to continuously improve services.>Our QAPI plan includes the policies and procedures used to:-Identify and use data to monitor our performance.-Establish goals and thresholds for our performance measurement.-Utilize resident, staff and family input.-Identify and prioritize problems and opportunities for improvement.-Systematically analyze underlying causes of systematic problems and adverse events.-Develop corrective action or performance improvement activities. Review of the July 2025 QAPI Meeting Minutes indicated the following information was submitted from the Department Heads:- Administrator: PTAC (Packaged Terminal Air Conditioners- self-contained heating and cooling systems typically installed through an exterior wall) units - new contract signed to repair units in addition to purchased ones. Current Measurement/Target: 100% operational units. Actions/Interventions: Signed contract with vendor, continue to order as needed and replace all units across facility including 1-2 backups while prioritizing resident rooms. 4 PTAC units picked up on 7/8/25, 4 units picked up on 7/22/25. Target Date: Winter 2025. Responsible Party: LNHA (Licensed Nursing Home Administrator) and Maintenance. Follow up: Blank Review of the August 2025 QAPI Meeting Minutes indicated the following information was submitted from the Department Heads:- Administrator: PTAC units being 100% operational in all resident areas. Current Measurement/Target: 100% operational units. Actions/Interventions: Signed contract with vendor repair units. Continue to order as needed and replace all units across facility including 1-2 as backups. Target Date: Winter 2025. Responsible Party: LNHA and Maintenance. Follow up: Blank Review of the September 2025 QAPI Meeting Minutes indicated the following information was submitted from the Department Heads:- Administrator: PTAC continue to work with new vendor. Current Measurement/Target: 100% operational units. Actions/Interventions: Signed contract with vendor repair units. Continue to order as needed and replace all units across facility including 1-2 as backups. 4 PTAC units picked up on 7/8/25, 4 units picked up on 7/22/25. Target Date: Winter 2025. Responsible Party: LNHA and Maintenance. Follow up: Blank Review of the October 2025 QAPI Meeting Minutes indicated the following information was submitted from the Department Heads:-no documented evidence recorded on PTAC units or progress. Review of the November 2025 QAPI Meeting Minutes indicated the following information was submitted from the Department Heads:- Administrator: PTAC units picked up for repair and new (ones) ordered. Current Measurement/Target: 100% operational units. Actions/Interventions: Signed contract with vendor repair units. Continue to order as needed and replace all units across facility including 1-2 as backups while prioritizing resident rooms. 4 PTAC units picked up on 7/8/25, 4 units picked up on 7/22/25. Target Date: Winter 2025. Responsible Party: LNHA and Maintenance. Follow up: Two ordered 10/31/25. Review of the facility's Interfacility Request for Repairs or Alterations Logbook for 2025 indicated that staff had reported that various heating units in the Residents rooms and common areas on the First and Second Floors of the facility had stopped working on:-10/12/25-10/21/25-11/11/25-11/13/25 Review of the December 2025 QAPI Meeting Minutes indicated the following information was submitted from the Department Heads:- Administrator: no information. Current Measurement/Target: 100% operational units. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Actions/Interventions: ordering 2 more this month. Ensure all occupied resident rooms have functioning units is priority. Target Date: Blank. Responsible Party: LNHA and Maintenance. Follow up: Blank. Review of the QAPI program from July 2025 to present failed to indicate that the facility had addressed the lack of heat in the resident Sitting Rooms, until the surveyor brought it to the facility's attention. On 1/12/26 at 8:34 A.M., the surveyor observed that the air temperature in the East Two Unit Sitting Room was cold. There were two heating units observed in the room which were not operating and cold to the touch, with one observed to be in a state of disrepair, and missing knobs, with the base board fallen off and on the floor with towels placed underneath. There was no thermostat in the Sitting Room and the surveyor could feel wind blowing from the outside of the building through one of the heating units. During an interview on 1/12/26 at 8:37 A.M., and 8:49 A.M., two Unit residents said they could not eat meals in the sitting room in the East Two Unit Sitting Room because the temperature was too cold in the room. During an interview on 1/12/26 at 8:50 A.M., Nurse #2 said that the heat on the East Two Unit Sitting Room had not been working for months and that it had been preventing the residents on the unit from being able to eat or socialize in there as often as they would like to. Nurse #2 also said that the other Sitting Room on the [NAME] Two Unit was cold, which results in most residents eating their meals in their bedrooms. On 1/12/26 at 8:56 A.M., the surveyor and the Maintenance Director made environmental rounds using the Maintenance Director's handheld thermostat device, and the following temperatures were observed:-East Two Sitting Room: 66.9 degrees-West Two Sitting Room: 68 degrees -West One Sitting Room: 69 degreesDuring an interview at the time, the Maintenance Director said that the heating units in the Sitting Rooms on East Two, [NAME] Two and [NAME] One have been broken for months and that the temperatures in each room should be at least above 71 degrees. He also said that he could feel the wind blowing through one of the broken heating units on East Two and that the Sitting Room felt cold. The Maintenance Director said that he had not been monitoring the temperatures in the Sitting Rooms or completing any audits regarding the broken heating units. During an interview on 1/12/26 at 12:55 P.M., the Administrator said that they have been trying to get the broken heating units repaired but they have been waiting on parts to arrive for them to be installed. During an interview on 1/13/26 at 10:19 A.M., the Administrator said that the QAPI program only addressed the heating concerns in the residents rooms, as this was a priority and did not address the heating concerns in the resident Sitting Rooms.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure that appropriate access to the call light system was provided for one Resident (#20) out of a total sample size of 28 residents. Specifically for Resident #20, the facility staff failed to ensure that the call light was positioned within his/her reach for use when the Resident required staff assistance with Activities of Daily Living (ADL) care and was a falls risk due to generalized weakness. Findings include: ˆReview of the facility policy titled Administration: Residents' [NAME] of Rights Policy, last revised February 2024, indicated the following: -It is the policy of the facility to adhere, inform and educate residents and staff of the Residents' [NAME] of Rights. -You have the right to be treated with consideration, respect and full recognition of your dignity and individuality. -You have the right to receive quality care and services with reasonable accommodation of your individual needs and preferences except when your health or safety or the health or safety of others would be endangered by such accommodation. -You have the right to communicate with people both inside and outside the facility. Resident #20 was admitted to the facility in November 2017 with diagnoses including Cerebral Palsy, Quadriplegia, history of falling, generalized weakness and dysphagia. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #20 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15 out of a total possible score of 15. Review of the Care Plan, last revised 9/30/25, indicated Resident #20: -had an ADL (Activities of Daily Living) self-care performance deficit and required the assistance of 1 - 2 staff for repositioning, turning, which includes weight shift/toileting/incontinent care every 2 hours and as needed (PRN). -was at risk for falling due to generalized weakness with an intervention in place to ensure that the Resident's call light was within reach and encouraged the Resident to use it for assistance. On 1/7/26 at 9:45 A.M., the surveyor observed Resident #20 lying in bed leaning to the left side of the bed and the head of the bed elevated approximately 20 degrees. The surveyor also observed the call light cord wrapped around the right upper siderail of the Resident's bed. ˆ On 1/8/26 at 9:08 A.M., the surveyor observed Resident #20 lying in bed with the head of the bed elevated and a breakfast tray placed on a table in front of the Resident. The surveyor observed the call light cord wrapped around the right upper bed rail and the remainder of the cord dangling from the bed rail to the floor. During an interview at the time, the surveyor asked Resident #20 if he/she was able to reach and activate the call light, the Resident was unable to reach the call light. Resident #20 said that unless he/she can grasp the correct end of the call light, he/she is unable to use the light. Resident #20 also said that if he/she needs assistance he/she just waits for the next time staff come into his/her room. Onˆ1/8/26 at 12:34 P.M., the surveyor observed Resident #20 seated in a wheelchair in his/her room positioned on the left side of the bed. The surveyor further observed that the call light was wrapped around the right upper side rail with the remainder of the call light cord dangling from the right side of the bed to the floor. On 1/12/26 at 8:18 A.M., the surveyor observed Resident #20 reclining in bed eating breakfast and the call light cord wrapped around the right upper side rail of the bed and the remainder of the cord dangling from the right side of the bed to the floor. Resident #20 said that it bothers him/her that staff forget to place the call light on the blanket and where he/she can reach the call light. On 1/12/26 at 9:56 A.M., the surveyor and Assistant Director of Nurses (ADON) observed that the Resident's call light was out of reach, and he/she was unable to activate the call light that was wrapped around the right upper side rail of the Resident's bed with the remainder of the cord dangling to the floor. During an interview at the time, the ADON said that Resident #20 should have his/her call light always placed within reach so that he/she can call for assistance when needed. The ADON said that Resident #20 required assistance with almost all ADL care and if the call light was not accessible then he/she could not call for assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interviews, and records review, the facility failed to provide services that met professional standards of quality relative to neurological evaluation, for one Resident (#54) out of a total sample of 28 residents. Specifically, the facility failed to evaluate Resident #54's neurological status according to the Nurse Practitioner's (NP) order after: -The Resident sustained a fall and struck his/her head. -The Resident was prescribed for anticoagulant (blood thinning) medication. -The NP ordered neurological checks to be completed according to the facility's policy, placing the Resident at risk for unidentified neurological complications. Findings include: Review of the facility's policy titled Neurological Evaluation Policy, dated August 2011 and last revised 4/30/25, indicated the following: -Licensed Nurses perform neurological evaluations when a resident experiences any of the following: *potential or confirmed head injury *unwitnessed fall *a witnessed fall for those receiving anticoagulants/antiplatelets *other events suggesting potential neurological impairment -The purpose was to accurately evaluate and monitor changes in a resident's neurological status to ensure timely notification of the treating healthcare provider and initiation of appropriate treatment. -The neurological/vital sign flowsheet includes vital signs (temperature, pulse, respirations, oxygen saturation level, and blood pressure) and record of a clinical evaluation of neurological observations, including Glascow Coma. -For residents who hit their head or have an unwitnessed fall, after the initial evaluation: *Repeat neurological check in 15 minutes. *Repeat every hour for the next four hours. *Continue every four hours for the first 24 hours, or as per healthcare provider's instructions. -Document all findings on the neurological/vital sign check flowsheet in the electronic health record. Resident #54 was admitted to the facility in June 2024 with diagnoses including Atrial Fibrillation (A-Fib), iron deficiency Anemia, abnormalities of gait and mobility, and long-term use of anticoagulants. Review of Resident #54's Physician orders, dated 4/11/25 with no stop date, indicated:-Eliquis oral tablet 5 milligrams (mg); give five mg by mouth two times a day for A-Fib. Review of the Minimum Data Set (MDS) Assessment, dated 11/12/25, indicated Resident #54: -had adequate hearing. -had clear speech. -was understood and understood others. -was independent for transfers. -was taking anticoagulant medication. Review of Resident #54's Nursing Progress Note, dated 1/3/26, indicated the following: -The Resident fell out of bed around 4:30 A.M. -The NP was notified. -The Resident had a bump on his/her forehead. Review of Resident #54's Nurse Practitioner Progress Note, dated 1/3/26, indicated the following: -The Resident was assessed for an unwitnessed fall with head strike. -The Resident was on Eliquis (anticoagulant medication). -The Resident presented with a hematoma on his/her frontal head. -The NP ordered: Neuro (neurological) checks and vital signs per facility protocol. Review of Resident #54's Neurological Monitoring Evaluation, dated 1/3/26, indicated: -An initial evaluation of neurological status was completed immediately following the Resident's head strike. -An evaluation of the Resident's neurological status was completed 15 minutes after the initial neurological evaluation. -No evidence that neurological evaluation was completed for the Resident every hour for the next four hours. -No evidence that neurological evaluation was completed for the Resident every four hours for the first 24 hours following the Resident's head strike. On 1/7/26 at 9:53 A.M., the surveyor observed Resident #54 was sitting on his/her bed. The surveyor observed that the Resident had purple discoloration to his/her face that began above his/her eyebrows and extended down and around his/her eyes and bridge of the nose. During an interview at the time, Resident #54 said that he/she had sustained a fall with head strike in his/her room during the previous weekend. During an interview on 1/9/26 at 8:11 A.M., the Assistant Director of Nursing (ADON) said that the neuro checklist for Nurses to complete neurological checks for residents was included in the fall investigation packets stored on the Unit. At this time, the ADON provided a sample fall investigation packet from the filing cabinet at the nurses' station on the Unit which included the Unwitnessed Fall Neuro Checklist. The surveyor and the ADON reviewed Resident #54's Neurological Monitoring Evaluation and the ADON said that the Nurses (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	should have completed Resident #54's neurological checks immediately, 15 minutes following the head strike, hourly for four hours, then every four hours for the first 24 hours. The ADON said it was important for the Nurses to have completed the required neurological evaluations, to ensure the Resident was monitored for any changes in neurological condition following his/her head strike.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide necessary care and services relative to enteral feeding (nutrients provided directly into the stomach), for one Resident (#2) out of a total sample of 28 residents.Specifically, for Resident #2, the facility failed to ensure that enteral feeds and fluids being administered through the Percutaneous Endoscopic Gastrostomy Tube (PEG Tube) and /or Feeding Tube (medical device that provides a direct route for delivering nutrition, fluids, and medications directly into the stomach, bypassing the mouth and esophagus), were labeled and dated appropriately. Findings include:Review of the facility policy titled Enteral Nutrition, revised 6/2023, included but was not limited to: *Continuous feeding/Ready to hang feeding:-Date-Time-Initial the feeding -Initial the tubing Resident #2 was admitted to the facility in December 2025, with diagnoses including Dysphagia oropharyngeal phase following Cerebral Infarction, and Gastrostomy Status. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #2: -was rarely/never understood and had short- and long-term memory loss.-had a memory impairment during the reference period. -received nutrition via a feeding tube. -received over 51 percent (%) of their calories via tube feed.-received fluid intake via a feeding tube and received over 501 cc (cubic centimeters) of fluid for hydration per day. Review of Resident #2's January 2026 Physician's orders indicated:-NPO (nothing by mouth) - tube feeding only diet. NPO texture, NPO consistency, initiated 12/1/25.-Enteral Feed order: Every shift (7:00 A.M. - 3:00 P.M., 3:00 P.M. - 11:00 P.M., 11:00 P.M. - 7:00 A.M.) Glucerna 1.5 @ 45 ml/hr. (milliliters per hour) continuous (total volume in 24 hrs. [hour] = 1080 ml), initiated 12/1/25. -Peg Tube Water Flush: 250 ml (milliliters) every 4 hours every shift (7:00 A.M. - 3:00 P.M., 3:00 P.M. - 11:00 P.M., 11:00 P.M. - 7:00 A.M.) for water flushes, initiated 12/1/25. -Flush feeding tube with 30 cc of water before and 30 cc of water after each medication administration, initiated 12/1/25.-Flush feeding tube with 30 cc of water before and 30 cc of water after each formula administration, initiated 12/1/25. On 1/7/26 at 11:00 A.M., the surveyor observed Resident #2 lying in his/her bed and an enteral feeding pump was affixed to a pole positioned next to the bed. The surveyor also observed one ready to hang bottle and a clear plastic bag containing clear fluid hanging on the pole above the enteral feeding pump. The ready to hang bottle contained approximately 300 ml of a beige colored liquid, and the clear plastic bag contained approximately 750 ml of a clear liquid. The enteral feeding machine was observed to be connected to the Resident and set to infuse at 45 ml/hr. The ready to hang bag was observed with a manufacturer label that indicated Glucerna with Carbsteady 1.5 Calorie. The surveyor failed to observe a label, date, or identifying contents on either the bottle or clear plastic bag hanging on the enteral feeding pump being administered to Resident #2. On 1/9/26 at 7:52 A.M., the surveyor observed Resident #2 lying in bed with his/ her eyes open and watching television in his/her room. The surveyor observed the enteral feeding pump was set to infuse at 45 ml/hr. The surveyor observed the ready to hang enteral feed bottle and a clear plastic bag hanging on the pole above the enteral feeding pump. The ready to hang bottle contained a beige liquid, and the clear plastic bag contained a clear liquid. The surveyor observed that the bottle and the clear plastic bag hanging on the feeding pump did not have a label, date, or time at which they were hung. On 1/9/26 at 7:58 A.M., the surveyor and Nurse #3 observed Resident #2 lying in bed with the enteral feeding pump running. During an interview at the time, Nurse #3 said that she works with the agency and Resident #2's enteral feed was hung by the 3:00 P.M. to 11:00 P.M. shift. Nurse #3 said that the enteral feed was continuous. Nurse #3 said that the rate of the enteral feeding and water flushes are programmed by a Nurse into the enteral feed machine and Resident #2 received Glucerna 1.5 Cal at 45ml/hr. with automatic water flushes set at 240 ml every 4 hours. The surveyor and Nurse #3 observed approximately 450 ml of beige liquid remaining in the ready to hang bottle which Nurse #3 identified as Glucerna 1.5 Calorie product, and the plastic bag of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	clear liquid was identified as water for water flushes. The screen on the feeding pump machine connected to the Resident indicated 550 ml of the beige liquid had been administered to Resident #2. Nurse #3 said that the water bag and the ready to hang Glucerna bag were not labeled or dated and should have been. Nurse #3 said that typically when an enteral feeding bag and the flush are administered, both bags should be labeled with the Resident's name, date, time, formula administration set and the initial of the Nurse who hung the enteral feed and the water flushes bags. During an interview on 1/9/26 at 8:23 A.M., Unit Manager (UM) #1 said Resident #2's enteral feed was placed on hold and the feed was resumed the previous shift. UM #1 said Resident #2's enteral feed had been running since 8:30 P.M. on 1/8/26 when the Physician Assistant (PA) ordered Resident #2's enteral feed to be resumed. UM #1 also said that Resident #2 had received the enteral feed and flushes for the past 24 hours. UM #1 further said that enteral feed and hydration water flushes should be labeled with the Resident's name, date, time and the flow rate according to the Physician orders prior to the enteral feed administration but this was not done. During an interview on 1/9/26 at 11:05 A.M., the Director of Nursing (DON) said that the expectation for Nursing staff on enteral feeds is that nursing staff label the enteral feed and the water flushes with Resident #2's name, date, time, formula administration rate set by the Physician and the Nurse who hung the bags would initial prior to administering to Resident #2.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on observation, interview, and record review, the facility failed to provide care and services consistent with professional standards of practice for one Resident (#43), out of one applicable resident receiving dialysis (process that filters waste, salt, and fluid from your blood when the kidneys are unable to work adequately) services, out of a total sample of 28 residents. Specifically, for Resident #43, the facility failed to:-ensure that dialysis communication forms included updated and active Physician orders on the Resident's dialysis care and services.-communicate and maintain ongoing documentation with the dialysis center to ensure that the dialysis center and the facility received the most current information pertaining to the Resident. Findings Include:Review of the facility policy titled Hemodialysis, revised 1/26, include but was not limited to:*The Licensed Nurse will obtain the healthcare provider orders for hemodialysis which should include the following:-Dialysis Days (Example (Ex: Monday-Wednesday-Friday) and location of the dialysis clinic-Schedule Dialysis time-Labs, if needed-Clarify with Physician hemodialysis medications are to be given pre-dialysis or held.-Dietary needs - renal diet.-Dialysis weights (post weights) will be used by the center as the resident's weight-Vital signs and assessing dialyzing site-Establish a communication book which includes any pertinent information on the resident, that is (i.e.,) vital signs, including blood pressure, and the site used to take the blood pressure, medications given prior to dialysis, any lab values done at the center, any or new deleted medications, and any significant changes since the last dialysis treatment. Review of the facility Outpatient Dialysis Service Agreement with the Dialysis Center, effective 7/1/2016, include but was not limited to:*The Nursing facility shall ensure that all appropriate medical and administrative information accompany all residents at the time of transfer or referral to the End Stage Renal Disease (ESRD-gradual loss of kidney function) Dialysis Unit. This information shall include, but is not limited to, where appropriate, the following:-Appropriate medical records, including history of the resident's illness, including laboratory and x-ray findings.-Treatment presently being provided to the residents, including medications-Prescription for treatment. Resident #43 was admitted to the facility in December 2025 with diagnoses including End Stage Renal Disease (ESRD) and dependence of Renal Dialysis. Review of the Minimum Data Set (MDS) Assessment, dated 12/22/26, indicated Resident #43:-was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of six out of 15 possible points. -received Dialysis treatment. Review of Resident #43's January 2026 Physician's orders indicated:-Dialysis every Monday, Wednesday and Friday at 4:00 P.M, pick up at 3:30 P.M., return to the facility approximately 8:30 P.M. every shift, initiated 12/16/25. -Monitor Vital Signs every Day shift (7:00 A.M. - 3:00 P.M.), initiated 12/16/25 Review of Resident #43's Dialysis Communication Book failed to provide evidence of any completed communication sent to the Dialysis Center from the facility for any dialysis days in December 2025, or January 2026. Further review of Resident #43's Dialysis Communication Book failed to provide evidence of active Physician orders sent to the Dialysis Center from the facility for any dialysis days in January 2026. Review of Resident #43's clinical record failed to provide any evidence of ongoing communication by the facility with the dialysis center. On 1/8/26 at 8:09 A.M., the surveyor observed Resident #43's dialysis communication book at the nurse's station which contained copies of blank facility daily dialysis communications forms. The dialysis communication form required information on the Resident name, code status, vital signs, allergies, last time meal or snack was consumed, current diet, fluid restrictions and medications administered prior to leaving for dialysis. The surveyor observed incomplete dialysis communication forms in the binder from the facility to the dialysis center for December 2025 and January 2026. During an interview on 1/8/26 at 3:22 P.M., Unit Manager (UM) #1 said that Resident #43 has dialysis treatments three times a week on Mondays, Wednesdays, and Fridays. UM #1 said prior to the Resident going for dialysis, nursing staff would assess vital signs and document the finding on the dialysis communication book along with the Resident face sheet and medication list. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The surveyor and UM #1 reviewed the dialysis communication book and the pages in the dialysis communication book that were not completed. UM #1 and Staff Development Coordinator/Infection Preventionist (SDC/IP) at the time reviewed Resident #43's dialysis communication book and the SDC/IP said that the dialysis communication form was a new form that was implemented to allow nursing staff to complete for residents who attends dialysis. The SDC/IP said that the dialysis communication form should be completed and sent with the Resident to dialysis, but it was not completed. During an interview on 1/9/26 at 11:08 A.M., the Director of Nursing (DON) said that the dialysis communication book was mainly for the dialysis center to communicate with the facility. The DON said that the facility was having difficulties with dialysis in obtaining residents post weight after dialysis and the form was generated to communicate with the dialysis center. During an interview on 1/9/26 at 1:13 P.M., Dialysis Center Nurse #1 said that Resident #43 attends dialysis treatment with the dialysis communication form blank and not completed from the facility prior to the Resident coming into the dialysis center. Dialysis Center Nurse #1 said that it would be helpful if the facility would assess the Resident's vital signs, active Physician orders, medications taken and/or not taken prior to dialysis treatment, any upcoming appointments that were upcoming that would interfere with dialysis treatment and if something changes on the form, but this had not been done. During an interview on 1/9/26 at 2:50 P.M., UM #2 said that the dialysis communication form had been completed but there was no evidence of Resident #43's active Physician orders in the dialysis communication book and there should have been active Physician orders for January 2026 in the book. UM #2 also said that active Physician orders are updated monthly and placed in the dialysis communication book. During an interview on 1/9/26 at 4:40 P.M., the DON said that the Resident's dialysis communication book should include active Physician orders. The DON also said that the Physician orders are printed and updated monthly and placed in the dialysis communication book. The DON further said that the expectation for nursing staff was to ensure that the dialysis communication binder includes active Physician orders in the binder and the facility decided that the dialysis communication form should be completed by nursing staff prior to the Resident going for treatment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. Based on observations, interviews, and records reviewed, the facility failed to provide appropriate treatment to maintain the highest practicable physical, mental, and psychosocial well-being for one Resident (#112), who was diagnosed with dementia, out of a total sample of 28 residents. Specifically, the facility failed to provide timely assistance for Resident #112 when the Resident: -had a diagnosis of dementia. -received medication to improve urine flow. -received medication to treat constipation. -was dependent on staff for toileting and toilet transfers. -verbally expressed the need to use the bathroom repeatedly. Findings include: Review of the facility's policy titled Activities of Daily Living (ADL), dated June 2023, indicated the following: -The purpose was to provide the level of care required by each individual resident. -Staff provided assistance to complete ADLs per the person-centered evaluation and care plan. -ADLs included toileting and toilet hygiene. Resident #112 was admitted to the facility in January 2024 with diagnoses including Dementia with Behavioral Disturbance, difficulty walking, and Chronic Kidney Disease (CKD). Review of Resident #112's Physician orders, dated 1/18/24 with no stop date indicated the following: -Furosemide (diuretic medication) oral tablet 20 milligrams (mg); give 20 mg by mouth one time a day every Monday, Wednesday, Friday. -Flomax (medication used to relax the bladder and help improve urine flow) capsule 0.4 mg; give one capsule by mouth one time a day. -Polyethylene Glycol 3350, 17 grams (gm)/scoop; give one scoop by mouth two times a day for constipation. Give with four to eight oz (ounces) fluid. Review of Resident #112's active Care Plan indicated the following: -The Resident had an activity of daily living (ADL) performance deficit related to .impaired mobility, . dementia (revised 9/10/25). -The Resident was totally dependent on one to two staff for toilet use. -The Resident had a deficit in functional mobility related to dementia (revised 9/20/25). -The Resident required two staff and a mechanical lift for transfers. -The Resident had impaired cognitive function due to dementia (revised 3/18/25). -Resident will be encouraged to make choices/decisions regarding daily ADLs. -The Resident had a potential communication problem related to . impaired cognition (revised 2/21/24). -Anticipate and meet needs. -The Resident had frequent bladder incontinence related to altered mental status and dementia (revised 6/21/24). -The Resident used disposable briefs; change as needed. -Clean peri area with each incontinent episode. -Monitor . for signs/symptoms of UTI (urinary tract infection). -Monitor . any possible causes of incontinence: bladder infection, constipation, loss of bladder tone, weakening of control muscles, decreased bladder capacity, ., medication side effects. Review of Resident #112's Minimum Data Set (MDS) Assessment, dated 11/18/25, indicated the following: -The Resident was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of two out of 15 total possible points. -The Resident had moderate difficulty with hearing. -The Resident was usually understood. -The Resident had clear speech. -The Resident received diuretic medication. -The Resident was dependent on staff for toilet transfers, toileting hygiene, and lower body dressing. -The Resident was always incontinent of bladder. On 1/8/26 from 9:58 A.M. through 10:30 A.M., the surveyor observed the following on the [NAME] One Unit: -Resident #112 sat in a wheelchair in the hallway, just outside of his/her room near the nurses' station, and called out loudly two times, that he/she wanted to use the bathroom. -The surveyor observed two staff members seated at the nurses' station and one Nurse who stood at the medication cart in the same hallway as the Resident. -At 10:04 A.M., Resident #112 called out again two times, loudly, that he/she wanted to use the bathroom. -At 10:06 A.M., Nurse #1 approached Resident #112 and said the Resident needed to wait for his/her assigned Certified Nurse Aide (CNA) to return to the Unit for the Resident to use the toilet. -Nurse #1 then asked the Resident if he/she wanted to go to an activity and the Resident said, I want to go the best way here! -Nurse #1 gestured for the Resident to follow her and the Resident began propelling his/her wheelchair toward Nurse #1 and the Activity Room. -An activity staff member then approached Resident #112 and assisted the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident to the Activity Room at 10:08 A.M. -At 10:11 A.M., while in the Activity Room with an activity staff member present, Resident #112 called out that he/she wanted to use the toilet. -The activity staff member said that the Resident would need to wait for his/her CNA. -At 10:13 A.M., Resident #112 called out, Let's go! and propelled his/her wheelchair away from the table and began to propel toward the Activity Room door exit. -At 10:16 A.M. another staff member assisted Resident #112 out of the Activity Room. -The surveyor observed Resident #116 sit in the doorway to the office of the staff member who assisted the Resident out of the Activity Room until 10:30 A.M. -At this time, the surveyor observed that Nurse #1 was seated at the nurses' station with one other staff member. During an interview at the time, Nurse #1 said there were four CNAs working on the Unit that day and that the CNA assigned to care for Resident #112 had been off the Unit when the Resident originally requested to use the toilet. Nurse #1 said that the Resident required assist of two staff members with the use of a mechanical lift for transfers and that she would not have been able to assist the Resident herself to use the toilet. Nurse #1 said the other CNAs were busy when the Resident had requested to use the toilet. Nurse #1 said she was not sure if the Resident's assigned CNA was back on the Unit yet. When asked whether any staff were available to assist the Resident between 9:58 A.M. and 10:30 A.M., Nurse #1 said she was not sure about that time frame. On 1/8/26 at 10:31 A.M., the surveyor observed the following: -CNA #1 was in the hallway on the [NAME] One Unit. -Nurse #1 said to CNA #1 that Resident #112 needed to use the toilet. -Nurse #1 said she would go locate the Resident if CNA #1 could retrieve the mechanical lift so that they could bring the Resident to the toilet. During an interview at the time, CNA #1 said that he had been off the Unit for a break earlier that morning and that he had returned to the Unit at 10:15 A.M. CNA #1 said that no one had informed him that Resident #112 was asking to use the toilet. CNA #1 said that Resident #112 was always incontinent and was dependent on staff for incontinent care. On 1/8/26 at 10:34 A.M. (36 minutes after the Resident requested to use the toilet), the surveyor observed Nurse #1 assist Resident #112 into his/her room. CNA #1 followed with the mechanical lift and closed the door. During an interview on 1/8/26 at 11:35 A.M., the Director of Nursing (DON) said that Resident #112 was incontinent and that the Resident's expression to use the bathroom may have been related to something obstructing his/her flow of urine or could have indicated discomfort. The DON said that the Resident should not have been required to wait for his/her assigned CNA to address his/her needs and that other staff on the Unit could have assisted. The DON said that if staff on the Unit were busy when Resident #112 requested to use the toilet, assistance could have been obtained from another staff member in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225326	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Reservoir Center for Health & Rehabilitation, The	400 Bolton Street 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 0636 Level of Harm - Potential for minimal harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to complete an accurate comprehensive assessment, according to the required Resident Assessment Instrument (RAI) process, for one Resident (#3) out of a total sample of 28 residents.Specifically, the facility staff failed to assess Resident #3's cognitive status and mood through the required resident interview process when the Resident had difficulty with communication and a fluctuating ability to communicate. Findings include:Resident #3 was admitted to the facility in August 2024 with diagnoses including Multiple Sclerosis, Hemiplegia and Hemiparesis and locked-in state. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #3:-had minimal difficulty with hearing.-could sometimes make him/herself understood.-sometimes understands others.-did not have the BIMS (Brief Interview for Mental Status) and the Staff Assessment for Mental Status conducted for the assessment. -did not have the Mood interview and the Staff Assessment for Resident Mood conducted for the assessment. Review of Resident #3's Care Plan for Communication, last reviewed 8/19/25, indicated:-the Resident had a communication problem due to weak or absent voice.-when the Resident closes his/her eyes he/she means no.-when the Resident opens his/her eyes he/she means yes.-allow adequate time to respond, repeat as necessary, do not rush.-ask yes/no questions if appropriate, use simple, brief, consistent words/cues. Review of the Comprehensive Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #3:-had adequate hearing.-usually understands others.-did not have the BIMS assessment and the Staff Assessment for Mental Status conducted. -did not have the Mood interview and the Staff Assessment for Resident Mood conducted. Review of Resident #3's clinical record failed to indicate any documentation or rationale as to why staff did not conduct the Cognitive or Mood Interviews with the Resident on 7/30/25 and 10/30/25. Review of the Nurse Practitioner's (NP) Progress Notes dated 12/18/25, indicated that Resident #3 was unable to move any extremities, was awake and alert and could communicate yes/no and mouth some words. On 1/7/26 at 10:32 A.M., the surveyor observed Resident #3 lying in bed. During an interview at the time, the Resident was able to mouth answers to the surveyor's questions as well as communicate yes or no answers. During an interview on 1/12/26 at 11:30 A.M., the MDS Nurse said that the staff assessments should have been attempted with Resident #3 on 7/30/25 and 10/30/25, and they had not been. The MDS Nurse also said that it is important to attempt to complete the interviews with the Residents so that the Residents could have the opportunity to participate in their plan of care.