STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225390	A. Building B. Wing	07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parsons Hill Rehabilitation & Health Care Center	1350 Main Street Worcester, MA 01603

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 37086 Based on records reviewed and interviews, the Facility, (who had an in-house census of 148 residents) failed to ensure that the Director of Nurses (DON) did not serve as a charge nurse on a unit, when their daily occupancy rate was greater than 60 residents. Findings include: Review of the Facility's Job Description for the Director of Nursing Services, with a revision date of 10/2011, indicated the primary purpose of the position is to plan, organize, develop and direct the overall operation of the Nursing Services Department in accordance with federal, state, and local standards, guidelines, and regulations that govern the facility, and as may be directed by the Administrator and the Medical Director, to ensure that the highest degree of quality care is maintained at all times. Review of the Census Daily Report, dated 07/23/24, indicated the Facility Census was 148. Review of the Nursing Daily Schedule, dated 07/22/24, indicated the DON worked as a charge nurse on a unit, for the 11:00 P.M. through 7:00 A.M. (night) shift. During an interview on 07/23/24 at 3:13 P.M., the Assistant Director of Nurses (ADON) said the DON worked the night shift the night before because they did not have enough staff for that shift. The ADON said she had already worked three night shifts that week, therefore it was the DON's turn to work the night shift. During an interview on 07/23/24 at 4:00 P.M., the Administrator said the DON had to work as a charge nurse because they were very low on nurses for the night shift.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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NAME OF PROVIDER OR SUPPLIER Parsons Hill Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 Main Street Worcester, MA 01603	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 37086 Based on records reviewed and interviews, for one of three sampled residents (Resident #1) who's Comprehensive Care Plan and Hospital Discharge Summary indicated he/she required supervision with eating, the Facility failed to ensure they maintained a complete and accurate medical record when Certified Nurse Aides (CNAs) documented that Resident #1 was independent for eating and his/her CNA Care Card (used by the CNAs to determine individual care needs) was incomplete. Findings include: Resident #1 was admitted to the Facility in June 2024, diagnoses included status post mitral valve replacement (surgical procedure to replace a damaged heart valve), Diabetes Mellitus, and Dysphagia (difficulty swallowing). Review of Resident #1's Hospital Discharge Summary, dated 06/05/24, indicated Resident #1 was on a minced and moist diet with thin liquids and required supervision with eating. Review of Resident #1's Activities of Daily Living (ADL) Care Plan, dated 06/13/24, indicated Resident #1 required staff supervision with eating. Review of Resident #1's CNA Care Card, undated, (used by the Certified Nurse Aides to determine individual care needs) indicated that the level of staff assistance or supervision the CNAs needed to provide to Resident #1 to ensure his/her needs were met were incomplete and the following sections were left blank: -Nutrition (including aspiration precaution, adaptive devices, supplements) -Diet Consistency -Liquids (consistency and/or restriction) -Meal Location (resident's room or dining room) -Eating (level of required staff assistance) Review of Resident #1's Certified Nurse Aide (CNA) Flow Sheets for the month of June 2024 indicated the CNAs coded him/her as independent for eating on 12 out of 22 applicable shifts from (06/06/24 through 06/16/24). During an interview on 07/23/24 at 12:37 P.M., Certified Nurse Aide (CNA) #1 said that Resident #1 was on her assignment on 06/06/24, for the 7:00 A.M. to 3:00 P.M. (day) shift and 06/14/24, for the 3:00 P.M. to 11:00 P.M. (evening) shift. CNA #1 said that she coded Resident #1 as independent with eating because he/she could feed him/herself and could eat meals in his/her room. CNA #1 said when she was assigned a newly admitted resident to care for, she would ask another staff member on the unit what level of care the resident required. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 07/23/24 at 12:59 P.M., Certified Nurse Aide (CNA) #2 said that Resident #1 was on her assignment on 06/06/24 and 06/10/24 evening shift, and 06/13/24 day shift. CNA #2 said that she coded Resident #1 as independent with eating because he/she could feed him/herself and that it was his/her preference to eat meals in his/her room. CNA #2 said when she was assigned a newly admitted resident to care for, she would ask another staff member what the resident's preferences were, and if the resident had a care plan she would reference that as well. During an interview on 07/23/24 at 2:48 P.M., Certified Nurse Aide (CNA) #3 said when she was assigned a newly admitted resident to care for, she would check the CNA Care Card. During a telephone interview on 07/30/24 at 9:08 A.M., Certified Nurse Aide (CNA) #4 said she did not remember having Resident #1 on her assignment but that when she was assigned a resident she was unfamiliar with, she would check the CNA Care Card which provided information on the required level of assistance a resident required for bathing, dressing, transfers and eating. During a telephone interview on 07/24/24 at 10:58 A.M., the Director of Nurses (DON) said that the CNA Care Card should have been completed at the time of Resident #1's admission to the Facility. The DON said based on Resident #1's Hospital Discharge Summary and Comprehensive Care Plan, he/she should have been supervised at mealtimes and the CNA flow sheets should have been accurate.