

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2025
NAME OF PROVIDER OR SUPPLIER Parsons Hill Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (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

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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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Based on records reviewed and interviews, for three of four sampled residents (Resident #1, Resident #2, and Resident #4), the Facility failed to ensure that prior to the time of their discharge from the facility, that the Residents were provided with a Notice of Intent to Discharge which included the necessary information to appeal, and that a copy of the Notice of Intent to Discharge was sent to the Office of the State Long-Term Care Ombudsman. Findings include: Review of the Facility Policy, titled Discharge Planning Policy and Procedure, dated 08/2018 indicated the following: -Residents who are admitted for short term rehabilitation and request/indicated their desire to return home will work with social service staff, as a member of the interdisciplinary team, to formulate a viable discharge plan. -Social Service will verify the request to be discharged with the resident and/or responsible party. -Social Service will ensure systems are implemented to provide written notification to the resident and/or responsible party to transfer/discharge in accordance with Massachusetts Department of Public Health. -The Intent to Discharge Notice will be provided and include: -The reason and effective date of discharge/transfer. -The location to which the resident is to be transferred/discharged -An explanation of the right to appeal-The name, address and telephone number of the ombudsman and other parties/agencies required by the state. -The name, address and telephone number of protection and advocacy agencies for individuals with developmental disabilities or mental illness-A statement as to how the resident will be prepared/oriented to move.</p> <p>1. Resident #1 was admitted to the Facility in April 2025, diagnoses included acute and subacute infective endocarditis, depression, and bacteremia. Review of Resident #1's admission Minimum Data Set (MDS) assessment, dated 04/17/25, indicated he/she was alert, oriented and scored 15 on the Brief Interview for Mental Status (BIMS) assessment, (a score of 13-15 suggests no cognitive impairment, a score of 8-12 suggests moderate cognitive impairment, and a score of 0-7 suggests severe cognitive impairment). Review of Resident #1's Social Service Progress Note, dated 05/09/25, indicated the Director of Social Services informed Resident #1 that he/she would be medically cleared for discharge some time the following week, and Resident #1 requested a discharge date of 05/16/25. Review of Resident #1's Nursing Progress Note, dated 05/16/25, indicated Resident #1 was informed his/her new discharge date of 05/19/25. Review of Resident #1's medical record indicated there was no documentation to support that: -Resident #1 was issued a Notice of Intent to Discharge prior to the planned discharges on 05/16/25 or 05/19/25. -A copy of Resident #1's Notices of Intent to Discharge was sent to the Office of the State Long-Term Care Ombudsman.</p> <p>2. Resident #2 was admitted to the Facility in March 2025, diagnoses included chronic kidney disease and low back pain. Review of Resident #2's admission MDS assessment, dated 03/25/25, indicated he/she was alert, oriented and scored a 15 on the BIMS assessment. Review of Resident #2's Nursing Progress Note, dated 07/24/25, indicated Resident #2 was discharged to a local shelter with his/her medications and assistive medical devices. Review of Resident #2's medical record indicated there was no documentation to support that: -Resident #2 was issued a Notice of Intent to Discharge. -A copy of Resident #2's Notice of Intent to Discharge was sent to the Office of the State Long-Term Care Ombudsman.</p> <p>3. Resident #4 was admitted to the Facility in July 2025, diagnoses included acute and subacute infective endocarditis and pneumonia. Review of Resident #4's admission MDS assessment, dated 07/14/25, indicated he/she was alert, oriented and scored a 15 on the BIMS assessment. Review of Resident #4's Nursing Progress Note, dated 07/30/25, indicated Resident #4 was discharged to his/her family's home. Review of Resident #4's medical record indicated there was no documentation to support that: -Resident #4 was issued a Notice of Intent to Discharge. -A copy of Resident #4's Notice of Intent to Discharge was sent to the Office of the State Long-Term Care Ombudsman. During an interview on 08/19/25 at 1:39 P.M., the Director of Social Services said that she had not been issuing the Notices of Intent to Discharge to the short term stay residents and she had not been notifying the Office of the State Long-Term Care Ombudsman of the short term stay resident discharges. During an interview on 08/19/25 at 4:10 P.M., the Administrator said they were unaware they were required to issue Notices of Intent to Discharge to short term stay residents or notify the Office of the State Long-Term Care Ombudsman.</p>		