

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Watertown Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 59 Coolidge Hill Road Watertown, MA 02472	

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)
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>43963</p> <p>Based on records reviewed and interviews for three of three sampled residents (Resident #1, Resident #2, and Resident #3), the Facility failed to ensure the residents and/or their family members or legal representatives participated in the development and implementation of their person-center care plans, which included conducting and inviting residents and/or their legal representatives to an interdisciplinary care plan meeting following the completion of any Comprehensive Minimum Data Set (MDS) Assessments, including the Quarterly and Annual MDS Assessments.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled, Care Plans, Comprehensive Person-Centered, dated as last revised 09/2023, indicated that the Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.</p> <p>The Policy further included the following for the resident and or their family/legal representatives;</p> <p>-the resident is informed of his/her right to participate in his/her treatment, and provide advanced notice of care planning conferences, when there is a significant change and at least quarterly in conjunction with the required quarterly MDS assessment; and</p> <p>-if the participation of the resident and his/her resident representative in developing the resident's care plan is determined to not be practicable, an explanation is documented in the resident's medical record, including what steps have been taken to include the resident or representative</p> <p>1) Resident #1 was admitted to the facility in March 2018, diagnoses include dementia with behavioral disturbances, malnutrition, anxiety, depression, legal blindness, and significant for a history of cancer including brain and salivary gland.</p> <p>Review of Resident #1's Quarterly MDS assessment, dated 01/20/24, indicated he/she was alert and had a Brief Interview Mental Status (BIMS) score of 11 (score of 8-12 indicates moderate cognitive impairment).</p> <p>(continued on next page)</p>

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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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #1's Physician's Orders dated February 2024, indicated his/her Health Care Proxy (HCP) had been activated secondary to a vascular neurocognitive disorder with behavioral disturbances.</p> <p>Review of Resident #1's Comprehensive MDS Assessment Schedule, dated September 2023 through January 2024, indicated MDS Assessments were completed as follows:</p> <ul style="list-style-type: none"> -09/20/23 was a quarterly MDS assessment; -12/14/23 was an annual MDS assessment; and -01/20/24 was a quarterly MDS assessment. <p>Review of Resident #1's Medical Record, indicated that there was no documentation to support he/she had a comprehensive care plan meeting after each comprehensive MDS assessment had been completed.</p> <p>2) Resident #2 was admitted to the facility in December 2023, diagnoses include congestive heart failure, diabetes mellitus, chronic obstructive pulmonary disease, and schizoaffective disorder.</p> <p>Review of Resident #2's Quarterly MDS assessment, dated 04/04/24, indicated he/she was alert and oriented with a BIMS score of 15 (score of 13-15 indicates cognitively intact).</p> <p>Review of Resident #2's Comprehensive MDS Assessment Schedule, dated January 2024 through April 2024, indicated MDS Assessments were completed as follows:</p> <ul style="list-style-type: none"> -01/10/24 was a quarterly MDS assessment; and -04/04/24 was a quarterly MDS assessment. <p>Review of Resident #2's Medical Record, indicated that there was no documentation to support he/she had a comprehensive care plan meeting after each comprehensive MDS assessment that had been completed.</p> <p>3) Resident #3 was admitted to the facility in June 2016, diagnoses include diabetes mellitus, depression, malnutrition, and history of alcohol abuse with cirrhosis (permanent scarring that damages the liver and interferes with its functioning).</p> <p>Review of Resident #3's Quarterly MDS assessment, dated 04/04/24, indicated his/her BIMS had not been assessed.</p> <p>Review of Resident #3's Quarterly MDS assessment, dated 01/17/24, indicated he/she was alert and had a BIMS score of 12 (score of 8-12 indicates moderate cognitive impairment).</p> <p>Review of Resident #3's Comprehensive MDS Schedule, dated July 2023 through April 2024, indicated MDS Assessments were completed as follows:</p> <ul style="list-style-type: none"> -07/26/23 was an annual MDS assessment; <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-10/26/23 was a quarterly MDS assessment;</p> <p>-01/17/24 was a quarterly MDS assessment; and</p> <p>-04/04/24 was a quarterly MDS assessment.</p> <p>Review of Resident #3's Medical Record, indicated that there was no documentation to support he/she had a comprehensive care plan meeting after each comprehensive MDS assessment that had been completed.</p> <p>During a telephone interview on 05/01/24 at 12:37 P.M., the Social Worker said that she had no idea if care plan meetings were being held and said she had not paid attention to whether or not care plan meeting were being held.</p> <p>During an interview on 04/30/24 at 3:23 P.M., the Director of Nurses said that to the best of her knowledge, although care plans were being completed, care plan meetings with the resident and or their families/legal representatives had not been held in some time.</p> <p>The DON said it the Facility's expectation that all residents and their families/legal representatives have the right to attend and participate in the resident plan of care with each care plan meeting.</p> <p>During an interview on 05/01/24 at 12:23 P.M., the Regional Nurse/MDS Coordinator said he was not aware that care plan meeting were not being held as regulations require.</p> <p>The Regional Nurse said that it is the Facility's expectation that all resident's and their families/legal representatives will be invited to and may participate in the comprehensive care plan meetings process quarterly and on an as needed basis.</p>