

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 07/02/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>43963</p> <p>Based on records reviewed and interviews for one of three sampled residents (Resident #1), who was cognitively impaired, had a guardianship in place, and had been assessed by nursing to be at increased risk for elopement, the Facility failed to ensure he/she was provided an adequate level of staff supervision to prevent an incident of elopement, when on 06/20/24, Resident #1 was transported to a medical appointment, unsupervised by staff or a guardian/responsible party, upon completion of the medical appointment, he/she eloped from the medical facility, and was not found until the next day, when he/she showed up at his/her home in the community.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled, Safety and Supervision of Residents, dated as last revised July 2017, indicated that the Facility strives to make the environment as free from accident hazards as possible and resident safety, supervision and assistance to prevent accidents are facility-wide priorities.</p> <p>The Policy further indicated the following;</p> <ul style="list-style-type: none"> -Individualized, resident-centered approach to safety address safety and accidents hazards for individual residents; -The Interdisciplinary care Team (IDT) shall analyze information obtained from assessments and observations to identify any specific accident hazards or risks for individual residents; -The IDT shall target interventions to reduce individual's risks related to hazards in the environment, including adequate supervision and assistive devices; -Resident supervision is a core component of the systems approach to safety; and -The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards. <p>Review of the Report submitted by the facility via the Health Care Facility Reporting System (HCFRS), dated 06/26/24, indicated Resident #1 had gone to a neurology appointment and eloped from that medical facility after the appointment had been completed.</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
---	-------	-----------

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 07/02/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Facility Investigation indicated Resident #1's Timeline Report of Events, dated 06/20/24, the Director of Nurses (DON) said that the medical facility had called the facility at approximately 11:20 A.M. and reported that Resident #1 had asked to use the restroom and then had walked out of the clinic.</p> <p>The DON notified the Guardian, the Local Police Department and the Boston Police Department promptly and checked in multiple times throughout the day.</p> <p>On 06/21/24 at approximately 8:00 A.M., the DON called Resident #1's Guardian and the Guardian informed the DON that he/she (Resident #1) had arrived at her (the Guardian's) home at approximately 7:00 A.M.</p> <p>Resident #1 was admitted to the Facility in May 2024, diagnoses include epilepsy (disorder in which nerve cell activity in the brain is disturbed and causes seizures), Wernicke's encephalopathy (the presence of neurological symptoms caused by biochemical lesions of the central nervous system), alcohol and substance use disorders, anemia, and dementia with severe agitation.</p> <p>Review of Resident #1's Order Appointing Temporary Guardian for an Incapacitated Person, dated 05/15/24, indicated a temporary guardian had been court appointed to oversee his/her medical care.</p> <p>Review of Resident #1's Hospital Discharge Summary, dated 5/30/24, indicated he/she expressed the desire to leave the hospital against medical advice (AMA) multiple times during his/her admission.</p> <p>The Summary indicated he/she was intermittently agitated/frustrated, continued to not have the capacity related to decision making and cannot leave AMA. The Summary indicated Resident #1 did require a security sitter throughout his/her admission secondary to his/her attempts to leave AMA.</p> <p>Review of Resident #1's Admission Nursing Evaluation/Elopement Assessment, dated 05/30/24, indicated he/she was assessed to be at risk for elopement and required an Elopement/Wandering Care Plan.</p> <p>Review of Resident #1's Care Plan, dated 05/30/24, indicated nursing staff had developed baseline care plans secondary to adjustment issues to the facility admission, that he/she had been identified as a wanderer and an elopement risk.</p> <p>Review of Resident #1's Admission Minimum Data Set (MDS) Assessment, dated 06/06/24, indicated he/she scored a 10 out of 15 on his/her Brief Interview for Mental Status (BIMS) Assessment (0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired cognition, and 12-15 suggests a resident is cognitively intact).</p> <p>The MDS, Section GG (baseline mobility) indicated Resident #1 required supervision or touch assist from one staff member for transfers and ambulation.</p> <p>During a telephone interview on 07/02/24 at 12:37 P.M., the Admission Clinical Liaison, said that she had informed the Director of Nurses (DON) of Resident #1's behaviors of wandering and that he/she had required a one-on-one sitter for attempting to elope from the hospital, prior to his/her admission to the Facility.</p> <p>(continued on next page)</p>		

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 07/02/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Liaison said that she and the Director of Nurses discussed the use of a wander guard for Resident #1 and that they felt that his/her admission would be appropriate and manageable at that time.</p> <p>During an interview on 07/02/24 at 1:21 P.M., the Scheduler said that she typically makes the resident's appointments for the nursing staff and said she had asked the DON if Resident #1 could go to his/her appointment unattended and that the DON had said yes.</p> <p>The Scheduler said that she had booked a stretcher for Resident #1's appointment and said she was under the impression that typically the ambulance company employee stays with the resident and then will escort the resident back to the Facility.</p> <p>During an interview on 07/02/24 at 11:14 A.M., Nurse #2 said that she had heard that Resident #1 was at risk for elopement and said she attempted multiple times to place a wander guard on him/her for safety, however he/she continued to refuse.</p> <p>Nurse #2 said she was aware that Resident #1 had a guardianship in place and said he/she should not have been sent out to an appointment without an escort. Nurse #2 said she was not aware of who makes the decision if a resident requires an escort to go with them to an appointment.</p> <p>During an interview on 07/02/24 at 1:27 P.M., the Nurse Supervisor said Resident #1's Guardian informed her that he/she would probably try to leave the facility, and said nursing had attempted multiple times to place a wander guard on him/her, however he/she continued to refuse the device.</p> <p>The Supervisor said that the transport company (they had used in the past) usually stayed with the resident so she had assumed he/she could go to the appointment alone.</p> <p>During an interview on 07/02/24 at 12:47 P.M., the Assistant Director of Nurses (ADON) said that she had not been involved with Resident #1's admission and had been unaware of any underlying behaviors he/she had, such as wandering and/or trying to elope.</p> <p>The ADON said that the previous transport company that the Facility had been using was very good about staying with the resident while at an appointment and said that the new transport company does not do that.</p> <p>The ADON said that Resident #1 had a guardianship in place and that they should have either asked the guardian to attend the appointment or sent a Certified Nurse Aide (CNA) with Resident #1 to his/her appointment.</p> <p>During an interview on 07/02/24 at 1:54 P.M., the Director of Nurses (DON) said that she had been aware of Resident #1 requiring a sitter while he/she was in the hospital for wandering behaviors and that the sitter had been since discontinued.</p> <p>The DON said she had been under the impression that if a resident went to a medical appointment via a stretcher, that the driver's were staying with the resident during the appointment and then transporting them back to the Facility and that had been why they did not think Resident #1 required an escort to his/her medical appointment.</p> <p>(continued on next page)</p>

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 07/02/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The DON said that is the Facility's expectation that any resident with an activated health care proxy or guardianship in place, either a responsible party or a staff member will escort them to any medical appointments.</p>