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 11/06/2024
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 40702 Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was assessed by nursing to be at increased risk for skin breakdown and developed both pressure and non-pressure related wounds, the Facility failed to ensure nursing developed and implemented a comprehensive care plan that included interventions, goals and outcomes that addressed his/her risk for skin breakdown and actual alteration in skin integrity. Findings include: Review of the Facility's Policy, titled Care Plans, Comprehensive Person-Centered, dated as revised September 2023, indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The Policy indicated assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. Review of the Facility's Policy, titled Prevention of Pressure Injuries, dated as revised April 2020, indicated that the purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. The Policy indicated review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable. Resident #1 was admitted to the Facility in August 2023, diagnoses included Alzheimer's disease, Dementia, difficulty in walking, abnormal posture, and hypertension. Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 05/21/24, indicated he/she was at risk for developing pressure injuries. Review of Resident #1's medical record indicated that although Resident #1 was assessed by nursing to be at increased risk for skin breakdown, there was no documentation to support that a plan of care related skin integrity concerns was developed and implemented at that time. Review of Resident #1's Nurse Progress Note, dated 7/17/24 (written by Nurse #2), indicated Resident #1 had a scrapped open red area on his/her coccyx and a new treatment order for normal saline wash (NSW) apply alginate twice a day until healed. (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

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 11/06/2024
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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Initial Wound Evaluation and Management Note, dated 07/19/24 (written by the Wound Physician), indicated he/she had a stage 3 full thickness wound due to pressure, to his/her coccyx measuring 2.3 centimeters (cm) by 2.6 cm by 0.05 cm. The Note indicated to apply alginate calcium, gauze sponge non-sterile apply and gauze island with border apply once daily for 30 days and recommended to off-load wound and reposition per Facility protocol. The Note further indicated Resident #1 had a non-pressure full thickness wound to his/her right buttock measuring 1.1 cm by 0.8 cm by 0.05 cm. and to apply hydrogel, gauze sponge non-sterile apply and gauze island with border apply once daily for 30 days. Further Review of Resident #1's Care Plans indicated that although he/she was being seen by the wound MD for the wounds on his/her coccyx and buttocks, both of which required daily treatments to be completed by nursing, there was no documentation to support that his/her individualized Care Plan included preventative skin care measures or the need for treatments to the pressure injury to his/her coccyx and a non-pressure wound to his/her right buttock. During an interview on 11/12/24 at 10:46 A.M., Nurse #2 said on 07/17/24 she notified the Former Director of Nursing (DON) that Resident #1 had an open area on his/her coccyx. Nurse #2 said she had not updated Resident #1's care plan because she (Nurse #2) was an agency nurse and said she was not responsible to update the care plans because the Facility had other nurses who were responsible to update residents care plans. During an interview on 11/05/24 at 1:37 P.M., the Assistant Director of Nursing (ADON) said Resident #1 had developed a wound on his/her coccyx and said she could not recall if his/her care plan had been updated. The ADON said that all nurses are responsible to update a resident's care plan to reflect any new change in condition. During an interview on 11/06/24 at 1: 57 P.M., the Director of Nursing (DON) said Resident #1's care plan was not updated when his/her wound was found and said the nurses did not follow Facility Policy. The DON said it was her expectation that residents should have a skin integrity care plan in place whether there is a potential or actual problem, and care plans should be updated with any change in a resident's condition.