

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  08/12/2025
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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.  (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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had an activated Health Care Proxy (HCP), the facility failed to ensure that on 08/11/25, his/her Health Care Agent (HCA) was notified of his/her transfer to another Skilled Nursing Facility (SNF). Findings include: Review of the Facility Policy titled, Change in a Resident's Condition or Status, dated as last revised 02/2021, indicated that the Facility will promptly notify the resident, his/her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. The Policy further indicated that the Nurse will notify the residents representative when a decision has been made to discharge the resident from the Facility. Resident #1 was admitted to the Facility in November 2023 diagnoses include progressive dementia, diabetes mellitus, and chronic renal insufficiency. Review of Resident #1's Physician's Orders, dated as of 08/11/25, indicated that his/her HCP had been invoked since 11/15/23. Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 08/08/25, indicated he/she had significantly impaired cognition, only sometimes understood what was being said, only sometimes could make his/herself understood, and indicated that his/her primary language spoken/understood was Hattian Creole. Review of Resident #1's Social Service Progress Note, dated 08/01/25, indicated that the social worker sent a referral to the SNF at his/her HCA request. Review of Resident #1's Nurse Progress Note, dated 08/11/25, indicated that he/she had been transferred to another SNF. During a telephone interview on 08/11/25 at 11:44 A.M., Resident #1's Health Care Agent (HCA) said although she had requested that Resident #1 be transferred to another SNF, the Facility did not communicate an actual transfer date or time at which Resident #1 was to be transferred to another SNF. The HCA said on 08/11/25 she received a phone call from the accepting SNF informing her that Resident #1 had arrived, that they said they were unaware that Resident #1 was being transferred that day (08/11/25) to their facility and they did not have the appropriate information required. During a telephone interview on 08/14/25 at 3:50 P.M., the Director of Social Services said that on 08/01/25, Resident #1's transfer had been initiated via e-mail, at the request of his/her HCA. The Director said that all e-mails regarding his/her discharge had been Carbon Copied (cc'd) to the HCA. The Director said that Resident #1's HCA never responded to any of the e-mails. The Director said that she called and left a voice mail for the HCA, but the HCA never responded. The Director said because she never spoke to the HCA, that she could only assume that the HCA knew about the date and time of transfer. During a telephone interview on 08/20/25 at 2:03 P.M., the Director of Admissions from the accepting SNF said that Resident #1's transfer had been tentatively planned for 08/11/25, however she also said that the facility never confirmed the transfer date, provided a transfer time or completed a nurse-to-nurse clinical report. During an interview on 08/12/25 at 2:09 P.M., the Nurse Supervisor said that on 08/01/25, she was informed that Resident #1 was to be transferred to another SNF soon and she had been asked to fax the requested information to the appropriate parties. The Supervisor said she never contacted Resident #1's HCA about the transfer because it was the HCA who initiated the transfer, and that the Social Service staff were responsible for the discharge/transfer process. During an interview on 08/12/25 at 3:39 P.M., the Director of Nurses (DON) said that she was not aware that Resident #1's HCA was not aware of the details of his/her transfer to the other facility. The DON said that she thought the Director of Social Services communicated with the HCA prior to the transfer. The DON said that it is the Facility's expectation to fully inform residents and their responsible party of all details of a discharge/transfer from the Facility and the discharging nurse is to call the accepting Facility and provide the accepting nurse with a report of the incoming resident.</p>		