

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/09/2024
NAME OF PROVIDER OR SUPPLIER  Parkway Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1190 Vfw Parkway Boston, MA 02132	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37342</p> <p>Based on records reviewed and interviews, for two of three sampled residents (Resident #1 and Resident #3), the Facility failed to ensure it maintained complete and accurate medical records, when Health Care Proxy activation forms were filled out and signed by the physician, however there were no Health Care Proxy forms and therefore no designated Health Care Agents, on file in the medical records.</p> <p>Findings include:</p> <p>The Facility Policy, titled Medical Records, dated 06/20/24, indicated the Facility would create and maintain accurate, organized resident records in accordance with industry standards.</p> <p>The Facility Policy, titled MA Advanced Directives, dated 08/03/22, indicated:</p> <ul style="list-style-type: none"> <li>- A Health Care Proxy (HCP) was a legal document that a competent adult may complete to identify an agent or agents who would make their health care decisions, should they be deemed incompetent by a physician or nurse practitioner.</li> <li>- Should it be determined by a physician or nurse practitioner that a resident does not have the capacity to make health care decisions, an existing HCP should be invoked. If the resident did not establish an HCP or Durable Power of Attorney (DPOA) for health prior to becoming incapacitated, the Facility should pursue a court appointed guardianship for the incapacitated resident.</li> </ul> <p>Resident #1 was admitted to the Facility in February 2024, diagnoses included schizophrenia and adult failure to thrive.</p> <p>Review of Resident #1's Documentation Of Resident Incapacity Pursuant To Massachusetts Health Care Proxy Act Form, dated 11/18/24, indicated Resident #1's HCP was invoked due to cognitive impairment.</p> <p>Review of Resident #1's Medical Record indicated there was no documentation to support that he/she had a HCP with a designated Health Care Agent (HCA).</p> <p>Resident #3 was admitted to the Facility in September 2019, diagnoses included bipolar disorder, dementia, anxiety, and schizoaffective disorder.</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:  225497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/09/2024
NAME OF PROVIDER OR SUPPLIER  Parkway Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1190 Vfw Parkway Boston, MA 02132	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #3's Documentation Of Resident Incapacity Pursuant To Massachusetts Health Care Proxy Act Form, dated 11/18/24, indicated Resident #1's HCP was invoked due to cognitive impairment.</p> <p>Review of Resident #3's Medical Record indicated there was no documentation to support that he/she had a HCP with a designated HCA.</p> <p>During a telephone interview on 12/12/24 at 02:29 P.M., the Medical Director said she expected that if she requested for a resident's HCP to be activated, that nursing staff would review the medical record to ensure there is a HCP form, with a designated HCA on file, as well as documentation to support that the HCA had been notified that the resident's HCP had been activated. The Medical Director said she was not notified by the Facility that Resident #1 and Resident #3 did not have HCP's or designated HCAs on file.</p> <p>During an interview on 12/09/24 at 05:00 P.M., the Director of Nurses (DON) said that on 11/18/24 the Medical Director had requested that Resident #1 and Resident #3's HCP be invoked. The DON said she filled out the activation forms without reviewing their records for their HCP's and HCA designations, but should have.</p>		