

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER West Roxbury Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5060 Washington Street West Roxbury, 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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>41107</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1) who was severely cognitively impaired, the Facility failed to ensure staff treated him/her in a dignified and respectful manner, when it was reported that on 04/29/24, Certified Nurse Aide (CNA) #1 engaged in a verbal altercation with Resident #1 that included the use of profane language.</p> <p>Findings include:</p> <p>Review of the Facility's policy titled Resident Rights, dated as revised 12/06/21, indicated that the Facility must treat each resident with respect and dignity, and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.</p> <p>Resident #1 was admitted to the Facility in October 2022, diagnoses included stroke, schizoaffective disorder, and paranoid personality disorder.</p> <p>Review of Resident #1's Minimum Data Set (MDS) Assessment, dated 04/17/24, indicated Resident #1 had severe cognitive impairment, evidenced by a Brief Interview for Mental Statue (BIMS) of 2/15.</p> <p>During an interview on 05/21/24 at 11:16 A.M., which included review of his Written Witness Statement, dated 04/29/24, Nurse #1 said that on 04/29/24, sometime in the morning, he and Nurse #2 heard Resident #1 yell Nurse #2's name, so they went to Resident #1's room. Nurse #1 said he heard Resident #1 yelling fuck you to CNA #1 and telling her to get out of his/her room. Nurse #1 said he heard CNA #1 say, fuck you to Resident #1.</p> <p>During an interview on 05/21/24 at 11:30 A.M., which included review of her Written Witness Statement, dated 04/29/24, Nurse #2 said that sometime in the morning on 04/29/24, she and Nurse #2 heard Resident #1 yell her (Nurse #2's) name, so they both went into Resident #1's room. Nurse #2 said she heard Resident #1 screaming fuck you and get that bitch away from me. Nurse #2 said she also heard CNA #1 saying, fuck you to Resident #1.</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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NAME OF PROVIDER OR SUPPLIER West Roxbury Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5060 Washington Street West Roxbury, MA 02132	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/21/14 at 11:45 A.M., which included review of her Written Witness Statement, dated 04/29/24, CNA #3 said she was in Resident #1's room with CNA #1 when Resident #1 became combative during care and kicked CNA #1 in the chest. CNA #3 said she left the room to get Nurse #2, but that Nurse #1 and Nurse #2 were already on their way to Resident #1's room because Resident #1 had screamed Nurse #2's name.</p> <p>During an interview on 05/21/14 at 2:20 P.M., which included review of her Written Witness Statement, dated 04/29/24, CNA #1 said CNA #3 was in Resident #1's room with her when Resident #1 became combative during care and kicked her (CNA #1) in the chest. CNA #1 said Resident #1 repeatedly said, fuck you to her. CNA #1 said she did not say, fuck you to Resident #1, but had repeatedly asked Resident #1 why he/she kept saying, fuck you to her. CNA #1 said she told Resident #1 that it was not fair that he/she keeps saying, fuck you to her, when she was just trying to help him/her.</p> <p>During an interview on 05/21/24 at 12:33 P.M., the Director of Nursing (DON) said that Nurse #2 told him that CNA #1 said, fuck you to Resident #1. The DON said that since Nurse #1 and Nurse #2 said they witnessed (heard) CNA #1 say, fuck you to Resident #1, that CNA #1 had been terminated.</p> <p>During an interview on 05/21/24 at 2:31 P.M., the Administrator said that the DON notified her of the allegation, and that following the Facility's investigation, CNA #1 had been terminated because Nurse #1 and Nurse #2 both heard CNA #1 say fuck you to Resident #1.</p>		