

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 08/27/2024
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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37342</p> <p>Based on observations and interviews, for two of two resident units, the Facility failed to ensure they maintained a clean and homelike environment for resident use, when the showers rooms on both units were found to have dirty tile grout, the shower room on one unit had missing floor tiles, the drain cover was missing, and there were flying insects hovering around the open drain.</p> <p>Findings include:</p> <p>The Facility Policy, titled Homelike Environment, undated, indicated the Facility would provide residents with a safe, clean, comfortable, and homelike environment that reflected a homelike setting including cleanliness and order.</p> <p>During a tour of the Facility on 08/27/24 at 09:00 A.M., the shower room on the [NAME] Unit the Surveyor observed the following:</p> <ul style="list-style-type: none"> - There were dark colored stains in the grout on the tiled shower walls from the floor to four feet up the walls; - 12 small tiles were missing around the floor drain; - The drain did not have an appropriate drain cover, and in place of a drain cover a metal mesh sink strainer had been put in place over the drain; - Several dead, small winged insects were observed on the shower chair and on the walls of the shower room; - Live small flying insects were observed flying around the shower room. <p>The Shower room on the [NAME] Unit the Surveyor observed the following:</p> <ul style="list-style-type: none"> - Dark colored stains in the grout on the tiled shower walls from the floor to two feet up the walls. <p>During interview on 08/27/24 at 1:26 P.M., the Regional Maintenance Director said the grout in the shower rooms, the drain cover, and tiles in the [NAME] Unit shower room needed to be repaired.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 08/27/24 at 09:08 A.M., the Director of Nurses (DON) said the shower rooms should not be that way, that the walls should be kept clean, that the tiles and drain cover in the [NAME] Unit shower room should be replaced, and the small flying insects should be removed.		