STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225520	A. Building B. Wing	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cambridge Rehabilitation & Nursing Center	8 Dana Street Cambridge, MA 02138

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on observations, interviews, and record review, the facility failed to ensure one Resident's (#74) personal care choices were honored, out of a total sample of 33 residents. Specifically, the facility failed to provide showers for Resident #74 per his/her request and preference. Findings include: Review of the facility policy titled 'Dignity and Resident Preferences', dated 3/7/22, indicated: - Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. - When assisting with care, residents are supported in exercising their rights. Resident #74 was admitted to the facility in October 2024 with diagnoses including a history of stroke with right-sided hemiplegia (one-sided muscle weakness). Review of the Minimum Data Set (MDS) assessment, dated 4/3/25, indicated Resident #74 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 14 out of 15. This MDS also indicated Resident #74 was dependent of staff for tub/shower transfers and shower/bathing. On 6/17/25 at 12:56 P.M., the surveyor observed Resident #74 in his/her room visiting with family members. Resident #74 said he/she was very upset because he/she had not had a shower since they were admitted in October 2024. Resident #74 said the staff provided bed baths, but he/she finds them degrading. Resident #74 said he/she always feels cleaner after a shower. Resident #74 and his/her family members said the staff is unable to wash his/her long hair thoroughly during bed baths and used dry shampoo. The surveyor observed Resident #74's hair to appear greasy and covered in a white powder-like substance, which the family member said was from the dry shampoo. Resident #74 and their family members said they have told many different staff members multiple times since October that the Resident would like to have a shower but are continually told there was not a safe shower chair. Review of Resident #74's physician progress note, dated 1/15/25, indicated Resident #74's mother was worried about him/her not getting a real shower. Review of Resident #74's plan of care related to activities of daily living, dated as reviewed 4/16/25, indicated Resident #74 was dependent on staff to get in and out of the tub/shower. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #74's current care card (a form certified nursing assistants (CNAs) used to determine each resident's specific care needs) indicated: - Transfer to/from tub or shower: Dependent - Hoyer (a mechanical lift used to transfer residents) to shower chair. Review of care tracker sheet (a form containing CNA documentation for activities of daily living), dated 4/1/25 to 6/18/25, indicated Resident #74 was dependent on staff for bathing/showering, but failed to specifically indicate if Resident #74 received a shower or a bed bath. Review of Resident #74's nursing progress note, dated 10/1/24 to 6/18/25, failed to indicate Resident #74 ever received a shower. During an interview on 6/18/25 at 6:35 A.M., the surveyor and Certified Nurse Assistant (CNA) #1 observed all shower rooms on Resident #74's unit and four different types of shower chairs, including one that reclined. CNA #1 said all residents who prefer showers should have showers and that there are safe shower chairs available for all residents on the unit, even residents with poor trunk control or require a mechanical lift transfer. CNA #1 showed the surveyor the shower schedule and said CNA #2 is Resident #74's primary CNA on shower days. During an interview on 6/18/25 at 6:58 A.M., CNA #2 said she is the primary CNA responsible for Resident #74 and was usually the one assigned for his/her scheduled shower. CNA #2 said Resident #74 had not had a shower since his/her admission in October 2024 because there was no safe shower chair for him/her. CNA #2 said the facility administration had been aware for months. CNA #2 said sometimes Resident #74 complained that bed baths made him/her feel too cold and needed to be bundled up quickly to warm up. During an interview on 6/18/25 at 7:03 A.M., the Corporate Director of Clinical Operations said she was aware Resident #74 had been unable to have a shower, instead of a bed bath, because there was not a safe shower chair for him/her. The Corporate Director of Clinical Operations said the facility had been working on obtaining one for him/her and that therapy would have more information regarding this. Review of Resident #74's occupational therapy (OT) discharge summary completed by Occupational Therapist (OT) #1, dated 3/10/25, indicated OT worked on bathing tasks with the Resident and upon discharge from therapy services he/she was unsafe for shower at this time due to TD (total dependence) support from CNA for bathing supine. During an interview on 6/18/25 at 10:51 A.M., OT #1 said she was the therapist responsible for treating Resident #74. OT #1 said showering was always a goal for him/her, but he/she was unable to shower himself/herself or able to sit upright in the shower because of poor trunk control and right-sided weakness. OT #1 said even though Resident #74 was unable to shower himself/herself, a safe shower chair needed to be obtained because it was Resident #74's preference to have a shower instead of a bed bath. OT #1 said she told her supervisor that there wasn't a safe chair for him/her to shower in approximately four months ago and she was under the impression they were going to order one. OT #1 said a shower chair came Friday (6/13/25) but had not evaluated him/her for its use yet. (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/18/25 at 10:59 A.M., the Regional Director of Rehab said he was aware Resident #74 wanted to shower and that there was not a safe shower chair available. The Regional Director of Rehab said about a month after the Resident was admitted (approximately November 2024) the facility borrowed a shower table from another facility, but it didn't fit into the facility's shower rooms. The Regional Director of Rehab said at that point it was determined a safe shower chair needed to be ordered and that it required research. The Regional Director of Rehab said that on 5/20/25 (approximately six months later) the facility ordered a shower chair for Resident #74. The Regional Director of Rehab said six months was not an acceptable time frame for research to be completed, and one should have been ordered within a month but was not. The Regional Director of Rehab said when the new shower chair arrived shortly after it was ordered on May 20th it was determined it needed modifications prior to being used. The Regional Director of Rehab said these modifications were not made until 6/13/25. The Regional Director of Rehab further said this was also not an acceptable time frame and the modifications should have been made by the end of May. The Regional Director of Rehab said the facility dropped the ball and the Resident should have been able to shower, instead of only having bed baths. During an interview on 6/18/25 at 11:09 A.M., the Director of Nursing (DON) said all residents in the facility should be able to choose between having a bath or a shower. The DON said if there was not a safe shower chair for a Resident who wished to have a shower, the facility expects that one be obtained timely. The DON said a safe shower chair should have been obtained for Resident #74 but was unaware of the timing surrounding when it was requested and originally ordered.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview, and record review, the facility failed to provide treatment and care in accordance with professional standards of practice for one Resident (#33), out of a total sample of 33 residents. Specifically, the facility failed to initiate a referral to provide Resident #33 with occupational therapy (OT) services for the treatment of his/her upper extremity contractures as recommended by the Nurse Practitioner (NP). Findings include: Review of the facility's policy titled Rehabilitation Services - General, revised 3/7/24, indicated, but was not limited to, the following: a. Referrals and Evaluation 1. Referrals for rehabilitation services may originate from: - The Provider MD/NP - inputs orders into the electronic medical record under orders. - Nursing staff based on change in condition 2. Upon referral, the appropriate licensed therapist shall complete a comprehensive evaluation within 48 hours (or sooner if clinically indicated). 3. The evaluation shall include baseline functioning, clinical diagnosis, therapy needs, and resident goals. f. Documentation 1. Therapy screens, evaluations, treatment notes, progress reports, and discharge summaries are to be completed timely in accordance with CMS documentation requirements. Resident #33 was admitted to the facility in February 2024 and had diagnoses including stroke, traumatic brain injury, and dementia. Review of the Minimum Data Set (MDS) assessment, dated 5/1/25, indicated that Resident #33 was unable to complete a Brief Interview for Mental Status (BIMS) as the Resident was rarely/never understood. Further review of the MDS indicated that Resident #33 had impairment of range of motion on both sides impacting his/her upper extremities. On 6/17/25 at 8:13 A.M., the surveyor observed Resident #33 in his/her room lying in bed. Both of Resident #33's hands were closed, and his/her arms were held closely up to his/her chest; the Resident was unable to participate in an interview. Review of Resident #33's care plans indicated, but was not limited to, the following: Resident #33 has potential for acute/chronic pain related to history of bilateral (both sides) upper extremity contractures with the following intervention: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Observe and report changes in usual routine, sleep patterns, decrease in functional abilities, decrease range of motion, withdrawal or resistance to care, initiated on 2/9/24. Review of Resident #33's initial wound evaluation and management summary, dated 6/19/24, indicated Resident #33's right and left upper extremities were contracted. Review of Resident #33's nursing annual/quarterly assessment, dated 4/25/25, indicated Resident #33 had contractures. Review of Resident #33's NP progress note, dated 4/30/25, indicated that both of the Resident's upper extremities were contracted with a recommendation to refer to occupational therapy services in order to work with his/her muscle contracture. Review of Resident #33's occupational therapy evaluation and plan of treatment, signed 6/18/25, indicated the Resident was evaluated by occupational therapy services 49 days after the NP had referred the Resident to occupational therapy, and after the surveyor had brought the concern to the attention of the facility. Further review of the evaluation indicated that the Resident had contractures of both upper arms and left hand. The occupational therapy evaluation indicated the Resident was referred to skilled occupational therapy services for contracture management to decrease risk of skin breakdown and increase range of motion and that occupational therapy services were required to improve bilateral upper extremity contracture management, increase range of motion, and determine appropriate orthotic care. The evaluation indicated a recommendation for the Resident to wear an elbow extension splint and a hand roll on both hands as tolerated and that the Resident demonstrated good rehabilitation potential. During an interview on 6/18/25 at 11:34 A.M., Resident #33's health care proxy said that she had last seen the Resident on 5/10/25 and believes the Resident's upper extremities had become tighter recently. During an interview on 6/18/25 at 10:44 A.M., the Director of Rehab (DOR) said that when the NP determines that therapy needs to evaluate a resident that the NP would notify nursing and nursing would put in a referral which would then be sent to rehab services; the DOR said Resident #33 was last seen by an OT in 2024. During an interview on 6/18/25 at 12:09 P.M., the NP said Resident #33's upper extremities were getting more contracted because of the Resident's history of a stroke so she had decided to refer to therapy. The NP said the Resident's elbow contractures were getting more severe so she had told somebody from the therapy department to evaluate the Resident; the NP said she had assumed the Resident had already begun therapy because of her recommendation. During follow-up interviews on 6/18/25 at 1:55 P.M. and 6/20/25 at 10:51 A.M., the DOR said that an OT evaluated Resident #33 on 6/18/25, that the Resident had contractures and that the facility was planning on getting the Resident carrots to help open the Resident's hands and an elbow splint to get the Resident's arms to return to 90 degrees. The DOR said he would expect an evaluation to be done within 48 hours of the referral being made. The DOR said he had seen the NP's recommendation for an occupational therapy referral today for the first time, and that he would have expected the Resident to be evaluated by occupational therapy services sooner. The DOR said he did not know why the Resident had not been evaluated by therapy earlier. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/18/25 at 2:28 P.M., the OT said that Resident #33 would be able to participate in gentle passive range of motion exercises and that the carrots would be beneficial for range of motion. The OT said that she was the only OT in the facility and that she was made aware of the NP's recommendation/referral to therapy for the first time today by the DOR after the surveyor had brought the concern to the attention of the facility. The OT said that if the Resident was not seen by occupational therapy, it could put the Resident at risk for a decrease in range of motion. During an interview on 6/18/25 at 4:16 P.M., the Director of Nursing (DON) said management, including the Unit Manager and a rehab representative, reviews progress notes daily at morning meeting. The DON said the process for therapy referrals was that staff filled out a referral form for therapy evaluations and that she would expect therapy to follow-up on the referral/recommendation within one to two days of the referral/recommendation being made. During an interview on 6/18/25 at 3:01 P.M., Unit Manager #2 said she did not recall the last time therapy worked with Resident #33 and that a few months ago she had told the NP that it had become harder to move the Resident's extremities as they have become stiffer than usual. During an interview on 6/20/25 at 11:30 A.M., the Corporate Director of Clinical Operations said she would have expected the NP to place an order for Resident #33's occupational therapy evaluation and that the Resident would have been evaluated if an order was placed. The Corporate Director of Clinical Operations said she did not know why the Resident had not been evaluated by an OT earlier and that any contraindications for therapy would be documented. Review of Resident #33's medical record failed to indicate that the NP placed an order for Resident #33 to be seen by occupational therapy services for upper extremity contractures following her recommendation on 4/30/25. The facility was unable to provide evidence that a paper referral form was completed for Resident #33 after the NP's recommendation for therapy services on 4/30/25 or documentation of contraindications for therapy services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interviews, the facility failed to ensure staff stored drugs and biologicals in accordance with State and Federal laws. Specifically, the facility failed to ensure medications were dated once opened according to manufacturer's guidelines in one of two medication carts observed. Findings include: Review of the facility policy titled 'Storage - Labeling - Maintenance of Medications', revised 11/8/22, indicated: - Medications with shortened expiry dates (i.e. insulins, injections, ophthalmic drops, etc.) must be dated when opened. On 6/18/25 at 9:33 A.M., the surveyor and Unit Manager #1 observed the following in the second floor side two medication cart: - One fluticasone propionate and salmeterol inhaler, opened and undated. - Two incruse ellipta inhalers, opened and undated. - One lantus solostar insulin pen, opened and undated. During a follow up interview on 6/18/25 at 9:34 A.M., Unit Manager #1 said the fluticasone propionate and salmeterol inhaler, two incruse ellipta inhalers, and lantus solostar insulin pen were all opened. Unit Manager #1 said these medications have shortened expiry dates once opened and should have been dated but were not. During an interview on 6/18/25 at 11:09 A.M., the Director of Nursing (DON) said the fluticasone propionate and salmeterol inhaler, two incruse ellipta inhalers, and lantus solostar insulin pen have shortened expiry dates once opened and should have been dated once opened.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store food in accordance with professional standards for food service safety. Specifically, the facility failed to ensure that resident food and supplemental drinks were dated in two out of two unit kitchenettes. Findings include: Review of the facility's policy titled Storage & labeling of food brought in by family/visitors, effective June 2018, indicated, but was not limited to, the following: - Definitions: - properly stored and labeled refers to both the dating of all newly opened food and drink items provided by the facility as well as all food items brought in by family members for the residents and food items belonging to and bought in by staff members (sic). All food and drink items are required to have proper labeling for easy identification. - Perishable foods must be stored in re-sealable containers with lids or sealable bags in the refrigerator. All containers will be labeled with the resident's name and date. These items are good for 48 hours only and will be discarded after such time. - The housekeeping staff are responsible for discarding perishable foods after 48 hours. - Items with expiration dates such as milk, condiments, yogurts, cheeses, etc. should still be dated upon opening and discarded by the expiration date on the item. These items should be clearly labeled and easily identifiable. On 6/17/25 at 7:22 A.M., the surveyor made the following observations in the first-floor unit kitchenette refrigerator: - A green bag containing food, the food and bag were undated. - A plastic container of food which was undated. On 6/17/25 at 7:30 A.M., the surveyor made the following observations in the second-floor unit kitchenette refrigerator: - A container of food labeled with a resident name but undated. - A bag containing two containers of food, the bag was dated 6/11/25. - A container of thickened water which was dated opened 6/1/25. - A bag containing a container of soup, both the bag and the container of soup were undated. - A container of food labeled with a resident name and dated 6/10/25. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- A bag containing watermelon with tajin which had a best-by date of 6/15/25 and an undated container of food. - Two 32 ounce containers of a nutritionally fortified supplemental drink opened but undated. During an interview on 6/17/25 at 1:03 P.M., the Food Service Director (FSD) said staff check the kitchenette refrigerators between 6:30 A.M. and 6:45 A.M. each morning. The FSD said that when resident families bring food in the nurses are supposed to date and label leftover food before placing it in the kitchenette refrigerator and that leftover food should be discarded after three days. The FSD said that nursing has to bring the leftovers into the kitchenette because the kitchenette is locked, and that nurses should label and date any open drinks including nutritionally fortified supplemental drinks. The FSD said the food dated 6/11/25 should have been discarded. During an interview on 6/17/5 at 1:10 P.M., Nurse #3 said all resident food items and leftover food should be dated and discarded after two days. Nurse #3 said nurses should date the nutritionally fortified supplemental drinks when opened.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, record review, and interview, the facility failed to accurately document in the medical record for one Resident (#24), out of 33 total sampled residents. Specifically, the facility failed to ensure the nurses accurately documented that Resident #24's insulin lispro (an injectable hormone that lowers the level sugar in the blood) was administered. Findings include: Review of the facility's policy titled 'Documentation of Medication Administration', dated 3/7/22, indicated: - Policy: The facility shall maintain a medication administration record to document all medications administered. - A nurse shall document all medications administered to each resident on the resident's medication administration record (MAR). Resident #24 was admitted to the facility in June 2020 with diagnoses including hypertension and diabetes. Review of the Minimum Data Set (MDS) assessment, dated 6/5/25, indicated Resident #24 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 5 out of 15. This MDS also indicated Resident #24 received insulin daily and did not exhibit any behaviors of rejection of care during the look back period. On 6/20/25 at 7:41 A.M., Resident #24 said he/she was not aware of his/her insulin routine and the nurses managed it. Review of Resident #24's active Physician's Orders indicated: - Check blood sugar 3 (three times a day), three times a day, scheduled for 7:30 A.M., 11:30 A.M., and 5:00 P.M., initiated 2/3/22. - Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Lispro), Inject as per sliding scale: if 200 - 250 = 2 lispro 2 units; 251 - 300 = 4 lispro 4 units; 301 - 350 = 6 lispro 6 units ; 351 - 400 = 8 lispro 8 units call NP (nurse practitioner)/MD (physician) for FS (fasting sugar) <60 or >400, subcutaneously every 8 hours as needed for diabetes SS, initiated 6/18/24. Review of Resident #24's Medication Administration Record (MAR), dated 6/1/25-6/19/25, indicated: - 6/1/25 at 7:30 A.M., blood sugar: 204 - 6/1/25 at 11:30 A.M., blood sugar: 222 documented by Nurse #2 - 6/2/25 at 11:30 A.M., blood sugar 250 (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 6/2/25 at 5:00 P.M., blood sugar 280 - 6/3/25 at 5:00 P.M., blood sugar 200 - 6/4/25 at 7:30 A.M., blood sugar 265 - 6/4/25 at 5:00 P.M., blood sugar 355 - 6/6/25 at 5:00 P.M., blood sugar 300 - 6/7/25 at 5:00 P.M., blood sugar 316 documented by Nurse #2 - 6/8/25 at 5:00 P.M., blood sugar 201 documented by Nurse #2 - 6/9/25 at 5:00 P.M., blood sugar 210 - 6/11/25 at 7:30 A.M., blood sugar 210 - 6/15/25 at 5:00 P.M., blood sugar 389 documented by Nurse #2 - 6/16/25 at 5:00 P.M., blood sugar 204 - 6/17/25 at 5:00 P.M., blood sugar 218 - 6/18/25 at 5:00 P.M., blood sugar 295 - 6/19/25 at 5:00 P.M., blood sugar 345 Review of Resident #24's Medication Administration Record (MAR), dated 6/1/25-6/19/25, indicated: - Insulin lispro was never documented as administered during the month of June 2025 following the as-needed sliding scale, even though the physician's order indicated it should have been administered. Review of Resident #24's entire medical record, dated 6/1/25 to 6/19/25, failed to indicate any refusal of insulin and/or any rationale his/her insulin lispro was not administered. During an interview on 6/20/25 at 7:43 A.M., Nurse #2 said insulin should always be documented as administered at the time of administration. Nurse #2 said she did not remember giving Resident #24 sliding scale insulin lispro during the month of June 2025 but should have because his/her sugars were higher than 200. Nurse #2 said if she didn't document it as administered then she did not administer it. Nurse #2 said Resident #24 does not refuse insulin. (continued on next page)

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Cambridge Rehabilitation & Nursing Center	8 Dana Street Cambridge, MA 02138

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/20/25 at 8:50 A.M., Unit Manager #2 said he was not aware of Resident #24 refusing insulin during the month of June. Unit Manager #2 said if Resident #24 had refused the insulin, it should have been documented as refused in the medical record and the provider should have been notified. The surveyor and Unit Manager #2 reviewed Resident #24's June 2025 MAR and he said it looked like the as-needed sliding scale insulin lispro should have been given multiple times but was not. Unit Manager #2 said Resident #24 should have gotten as-needed insulin lispro whenever his/her blood sugar was higher than 200 to prevent risks from hyperglycemia. During an interview on 6/20/25 at 11:02 A.M., the Director of Nursing (DON) said insulin should be documented when administered. The surveyor and the DON reviewed the 17 times the insulin lispro was not documented as administered even though the physician order indicated it should have been administered. The DON said she could not determine if the insulin was actually administered based on the MAR and would have to interview each nurse because the MAR must be inaccurate. The DON said the physician's order was transcribed incorrectly as an as needed (PRN) order, so it did not pop up to alert the nurses to administer it with the scheduled blood sugars. The DON declined to comment on the risks for not giving insulin lispro according to the physician's order, and said only that it should have been administered and documented according to the physician's order. On 6/23/25 at 2:29 P.M., the surveyor received follow-up electronic correspondence from the facility which included 12 statements from nursing, including Nurse #2, indicating that the nurses did administer Resident #24's as needed sliding scale insulin lispro on the 17 times in June 2025 that it should have been, but had forgotten to document it as administered in the MAR.