

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER Beaumont Rehab & Skilled Nursing Ctr - Natick		STREET ADDRESS, CITY, STATE, ZIP CODE 3 Vision Drive Natick, MA 01760	

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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>50320</p> <p>Based on record review and interview the facility failed to accurately complete two Minimum Data Set (MDS) Assessments for one Resident (#39) out of a total sample of 12 residents.</p> <p>Specifically, the facility failed to ensure that two consecutive MDS Assessments for Resident #39 were accurately coded relative to a diagnosis of Psychotic Disorder (other than Schizophrenia).</p> <p>Findings include:</p> <p>Review of The Centers for Medicare and Medicaid (CMS) MDS 3.0 Resident Assessment Instrument (RAI) Manual dated October 2024 indicated:</p> <p>-Section I: Active diagnoses intent: The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status.</p> <p>-Code diseases that have a documented diagnosis in the last 60 days and have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.</p> <p>Resident #39 was admitted to the facility in January 2024 with diagnoses including Lewy Body Dementia (a progressive brain disorder that effects thinking, movement, mood, and behavior), Cerebral Vascular Accident (CVA), and Parkinson's Disease.</p> <p>Review of Resident #39's MDS Assessments indicated:</p> <p>-MDS Assessment completed 8/30/24, Resident #39 had a diagnosis of Psychotic Disorder (other than Schizophrenia).</p> <p>-MDS Assessment completed 11/26/24, Resident #39 had a diagnosis of Psychotic Disorder (other than Schizophrenia).</p> <p>Review of the Resident's clinical record showed no evidence the Resident had been diagnosed with a Psychotic 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
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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/7/25 at 8:48 A.M., the MDS Nurse said the Psychotic Disorder diagnosis on Resident #39's MDS Assessments completed on 8/30/24 and 11/26/24, were coding errors and the Resident did not have a Psychotic Disorder. The MDS Nurse said the MDS Assessments should not have been coded with a diagnosis of Psychotic Disorder and should be modified.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45429</p> <p>Based on record review and interview, the facility failed to post the required nurse staffing information daily as required.</p> <p>Specifically, the facility failed to:</p> <p>-post the total number and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses (RN), Licensed Practical Nurses (LPN) or Licensed Vocational Nurses (LVN), and Certified Nurses Aides (CNA).</p> <p>Findings include:</p> <p>During the facility survey, the surveyor observed the nurse staffing information was posted on both the [NAME] and [NAME] Units on 1/2/25.</p> <p>The surveyor observed that the nurse staffing postings on 1/2/25, did not include the total number of hours and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: RNs, LPNs, LVNs, and CNAs.</p> <p>On 1/2/25 at 9:28 A.M., the surveyor requested all facility maintained copies of the nurse staffing information for 2023 and 2024, which was provided by the facility Scheduler.</p> <p>Review of all the nurse staff postings provided by the facility from November 2023 to January 2025 did not include the total number of hours and actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: RNs, LPNs, LVNs, and CNAs.</p> <p>During an interview on 1/2/25 at 9:45A.M., the facility Scheduler said that she was unaware that the total number of hours and actual hours worked had to be included in the daily posted nurse staffing information.</p> <p>During an interview on 1/2/25 at 10:15 A.M., the Director of Nursing (DON) said that she had been unaware that the posted nursing staffing forms needed to have the total number of hours and actual hours worked.</p>