

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225759	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2026
NAME OF PROVIDER OR SUPPLIER  Recuperative Services Unit-Hebrew Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 Centre Street Boston, MA 02131	

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>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was severely cognitively impaired, unable to give consent and had an activated Health Care Proxy (HCP), the facility failed to ensure Resident #1 was treated in a dignified and respectful manner, when on 12/22/25 during the day shift, Resident #1's hair had been cut (which was against his/her cultural beliefs) by a staff member, and was cut without consent from his/her Health Care Agent (HCA). Findings include: Review of the Facility's Policy titled Patient [NAME] of Rights and Responsibilities, dated as approved 07/22/25, indicated the following: -ensure all patients are treated fairly with consideration of individual needs and respecting their rights. -staff is committed to provide high quality care while respecting the rights, individuality, dignity, and culture of each patient. -if there is a suspected instance where we failed to meet these goals, or if a patient or family member feels that rights have been violated, they are encouraged to discuss their concerns with the people involved directly in their care. Resident #1 was admitted to the Facility in December 2025, diagnoses included dementia, and anxiety. Resident #1 was severely cognitively impaired, with a Brief Interview for Mental Status (BIMS) score of 4 out of 15 (0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired cognition, and 12-15 suggests a resident is cognitively intact). Review of Resident #1's Medical Record indicated Resident #1's Health Care Proxy was activated on 12/05/25. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as created 01/02/26 and submitted on 01/09/25, indicated that on 01/02/26 the Social Worker reported that Resident #1's HCA complained that after his/her admission to the long-term care unit, that Resident #1's hair [without being requested] was cut [without consent] sometime during his/her stay on the Recuperative Services Unit (RSU). The Report indicated that approximately four inches of Resident #1's hair was cut. The Report indicated that the Facility determined an employee on the RSU indicated that she had cut some of Resident #1's hair. The Report further indicated that the Personal Care Associate (PCA, identified as PCA #1) said she had showered Resident #1, was unable to untangle his/her hair and used scissors to cut out knots that were in Resident #1's hair. During an interview on 01/21/26 at 1:52 P.M., the Social Worker said on 01/02/26 Resident #1's Health Care Agent (HCA) told her that sometime around Christmas while Resident #1 was on the short-term unit his/her hair had been cut significantly, by about four inches and was uneven. The Social worker said that Resident #1's HCA was upset about his/her hair being cut and the HCA explained that due to Resident #1's cultural background the cutting of his/her hair was something he/she would not have consented to. The Social Worker said she immediately notified the Risk Manager after speaking to Resident #1's HCA. The Social Worker said Resident had a diagnosis of Dementia, his/her HCP was activated, and he/she could not consent for his/herself. During a telephone interview on 01/27/26 at 3:28 P.M., the Risk Manager said on 01/02/26 the Social Worker notified her that Resident #1's HCA had reported that approximately four inches of Resident #1's hair had been cut (while on the short-term unit)</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>one to two weeks prior to him/her transferring to the long-term care unit. The Risk Manager said an investigation was started and the Director of Nursing (DON) was made aware. The Risk Manager said that Patient Care Associates (PCAs) provide basic Activities of Daily Living (ADLs) to their residents and should not be cutting residents' hair because it is not their role to do so. During a telephone interview on 01/27/26 at 2:44 P.M., (which included review of her written statement) Patient Care Associate (PCA) #1 said she worked 6:45 A.M. until 3:15 P.M. on 12/22/25 and was assigned to provide care to Resident #1. PCA #1 said Resident #1 had Dementia and could not make his/her needs known. PCA #1 said she gave Resident #1 a shower, washed his/her hair, towel dried it and noticed Resident #1's hair had a lot of knots that were tangled. PCA #1 said she brushed Resident #1's hair and tried to undo the tangled knots but she could not undo all of them. PCA #1 said she used a pair of scissors to cut the knots from Resident #1's hair and said she never told the nurse on duty that she had cut the knots out of Resident #1's hair. PCA #1 said she was trying to make Resident #1 look nice but said she should not have cut his/her hair because it was not part of her job. PCA #1 said that she should have told the nurse about the knots in Resident #1's hair. During an interview on 01/21/26 at 2:32 P.M., the Director of Nurses (DON) said he was made aware there was a concern that Resident #1's hair was cut without his/her HCA's consent. The DON said Resident #1 had Dementia, his/her HCP was activated and that he/she was unable to give consent by him/herself. The DON said after speaking to staff on the unit he determined that PCA #1 had cut Resident #1's hair on 12/22/25. The DON said cutting residents' hair is not part of a PCA's standard job description. The DON said PCA #1 should not have cut Resident #1's hair and should have informed the Nurse on duty that Resident #1 had knots in his/her hair. The DON said it is his expectation that the PCAs ask the nurse about resident's care needs that are on their assignments and said if a PCA is unsure that a resident can consent for themselves, they should be asking the nurse.</p>