

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 07/24/2025
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 0636</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>Based on Minimum Data Set (MDS) assessment review and interview, the facility failed to ensure staff completed comprehensive MDS assessments within the required time frame for 11 Residents (#46, #17, #21, #40, #73, #51, #7, #66, #60, #23, and #10), out of a total sample of 20 residents. Findings include:</p> <p>The MDS is part of the U.S. federally mandated process for clinical assessment of all residents in Medicare or Medicaid-certified nursing homes. It is a core set of screening, clinical and functional status elements, including common definitions and coding categories, which forms the foundation of a comprehensive assessment.</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated October 2024, indicated for admission (Comprehensive) Assessments, should be completed no later than the 14th calendar day of the resident's admission (admission date + 13 calendar days)</p> <p>1. Resident #46 was admitted to the facility in June 2025.</p> <p>Review of Resident #46's admission MDS assessment, dated 6/30/25, indicated the assessment was completed 30 days after his/her admission date.</p> <p>2. Resident #17 was admitted to the facility in June 2025.</p> <p>Review of Resident #17's admission MDS assessment, dated 7/2/25, indicated the assessment was completed 27 days after his/her admission date.</p> <p>3. Resident #21 was admitted to the facility in June 2025.</p> <p>Review of Resident #21's admission MDS assessment, dated 7/3/25, indicated the assessment was completed 26 days after his/her admission date.</p> <p>4. Resident #40 was admitted to the facility in June 2025.</p> <p>Review of Resident #40's admission MDS assessment, dated 7/3/25, indicated the assessment was completed 26 days after his/her admission date.</p> <p>5. Resident #73 was admitted to the facility in June 2025.</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 0636</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #7's admission MDS assessment, dated 7/1/25, indicated the assessment was completed 26 days after his/her admission date.</p> <p>6. Resident #51 was admitted to the facility in June 2025.</p> <p>Review of Resident #51's admission MDS assessment, dated 7/6/25, indicated the assessment was not completed at the time of survey, which was 24 days after his/her admission date.</p> <p>7. Resident #7 was admitted to the facility in July 2025.</p> <p>Review of Resident #7's admission MDS assessment, dated 7/8/25, indicated the assessment was not completed at the time of survey, which was 23 days after his/her admission date.</p> <p>8. Resident #66 was admitted to the facility in June 2025.</p> <p>Review of Resident #66's admission MDS assessment, dated 7/6/25, indicated the assessment was completed 22 days after his/her admission date.</p> <p>9. Resident #60 was admitted to the facility in July 2025.</p> <p>Review of Resident #60's admission MDS assessment, dated 7/9/25, indicated the assessment was completed 20 days after his/her admission date.</p> <p>10. Resident #23 was admitted to the facility in July 2025.</p> <p>Review of Resident #23's admission MDS assessment, dated 7/14/25, indicated the assessment was completed 15 days after his/her admission date.</p> <p>11. Resident #10 was admitted to the facility in July 2025.</p> <p>Review of Resident #10's admission MDS assessment, dated 7/14/25, indicated the assessment was completed 15 days after his/her admission date.</p> <p>During an interview on 7/23/25 at 9:55 A.M., 7/23/25 at 10:41 A.M., 7/24/25 at 8:30 A.M., 7/24/25 at 11:31 A.M., the MDS Coordinator said that all MDS assessments should be completed according to RAI guidelines for data entry and timeliness. The MDS Coordinator said admission MDS's should be completed within 14 days of admission. The MDS Coordinator said she was behind on the MDS's and that these eleven admission MDS's (for Residents #46, #17, #21, #40, #73, #51, #7, #66, #60, #23, and #10) were not completed within the required time frame.</p> <p>During an interview on 7/24/25 at 11:27 A.M., the Director of Nursing said admission MDS assessments should be completed within 14 days of admission to the facility.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on record review and interview, the facility failed to electronically submit direct care staffing data to the Centers for Medicare and Medicaid Services (CMS) for the entire reporting period, Fiscal Year (FY) Quarter 2 2025 (January 1 - March 31), in accordance with the schedule specified by CMS. Findings include: Review of the Payroll Based Journal (PBJ) Staffing Report, CASPER Report 1705D, FY Quarter 2 2025 (January 1 - March 31), indicated the facility failed to submit data for the quarter. Review of the facility's submission report titled 'CMS Payroll Based Journal - Upload Data File', dated 5/7/25, indicated a submission had been made for PBJ data. This submission report indicated: -Your submission has been received and will be checked for errors within 24 hours. -Note: This screen does not confirm that your submission is error free. -This is a reminder to: Check CASPER for a system generated PBJ File Validation Report within 24 hours. During an interview on 7/23/25 at 7:13 A.M., the Quality and Regulatory Compliance Nurse said she was responsible for submitting the PBJ staffing data. The Quality and Regulatory Compliance Nurse said she uploaded the PBJ staffing data file to CMS on 5/7/25 and then went on vacation. The Quality and Regulatory Compliance Nurse said the facility process is the PBJ data submission status should be checked for errors within 24 hours to ensure it was accepted by CMS, as indicated on the PBJ submission report titled 'CMS Payroll Based Journal - Upload Data File', dated 5/7/25. The Quality and Regulatory Compliance Nurse said the PBJ data submission status was not checked 24 hours later, so it was not identified that the submission had been rejected for errors. During an interview on 7/24/25 at 1:38 P.M., the Administrator said the PBJ staffing data was uploaded on time, but there was an error, and it was rejected from the system. The Administrator said the status should have been verified as accepted, but that step in their process was missed.</p>		