Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2305854
Decision Date:	*07/27/2023	**Hearing Date:**	07/21/2023
Hearing Officer:	Casey Groff, Esq.	**Record Closed:**	07/25/2023

*This reflects the correct date of Decision.

Appearance for Appellant:
Pro se;
[redacted]

Appearance for Nursing Facility:
Lorie Kelley, LSW, Regional Social Work Manager;
Jennifer Young, LSW; Social Services
Sonja Cooley-Johnson, R.N., Regional Clinical Specialist;
Dorcas Awojulu, R.N., Director of Nursing
(All from Worcester Rehabilitation & Health Care Center)

APPEAL DECISION

Appeal Decision:	Denied	**Issue:**	Nursing Home Discharge - Expedited
Decision Date:	*07/27/2023	**Hearing Date:**	07/21/2023
Nursing Facility Reps:	Lorie Kelley, LSW; Jennifer Young; LSW; Sonja Cooley-Johnson, R.N.; Dorcas Awojulu, DON	**Appellant's Reps:**	*Pro se*; Niece
Hearing Location:	Board of Hearings (Remote)	**Aid Pending:**	No

*This reflects the correct date of Decision.

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated July 18, 2023, the Worcester Rehab & Health Care Center ("the nursing facility") issued an expedited notice to discharge Appellant to the community on [redacted] 2023. See Exhibit 1; 130 CMR 610.029(B). On July 18, 2023, Appellant filed a timely appeal of the discharge notice. See 130 CMR 610.015(B)(4); Exhibit 2. An attempt to discharge a nursing facility resident is valid grounds for appeal. See 130 CMR 610.032(C). A hearing was conducted on July 21, 2023 and the record remained open through July 25, 2023 for the parties to submit additional evidence. See Exh. 4.

Action Taken by Nursing Facility

The nursing facility sought to discharge Appellant in fewer than 30 days based on a determination that Appellant's behavior or clinical status endangered the safety of the individuals in the facility.

Issue

The issue on appeal is whether the nursing facility complied with the regulatory and statutory requirements to discharge a resident to the community.

Summary of Evidence

At the scheduled hearing, the nursing facility was represented by its regional social work manager, a licensed social worker, the regional clinical specialist, and the facility's director of nursing (DON), (collectively "the facility representatives"). Appellant appeared at the hearing and was accompanied by her niece.[1]

Through oral testimony and documentary submissions the facility presented the following evidence: Appellant is an adult female under the age of 60. She has had several admissions to this facility, but her most recent admission was in the fall of 2022.[2] The facility explained that Appellant's current admission was to receive short-term rehabilitation after being hospitalized for sustaining a fall and myocardial infarction. Appellant's additional relevant medical history and diagnoses include, but are not limited to: osteomyelitis of left ankle and foot, hypertension, major depressive disorder; chronic pain syndrome; atherosclerosis of native arteries of extremities with left leg gangrene; surgical amputation of left leg below knee; hyperlipidemia; schizoaffective disorder; bipolar disorder; Crohn's disease; anxiety; atherosclerotic heart disease; diabetes mellitus; peripheral vascular disease; and opioid, cocaine, and psychoactive substance abuse. See Exh. 3, p. 6.

The regional social work manager testified that the facility seeks an expedited discharge of Appellant because her behavior endangers the safety of residents and staff in the facility. She explained that Appellant has physically assaulted residents and staff resulting in injury, has frequent outbursts, and is verbally abusive. In addition, Appellant has completed all rehabilitation services, including occupational therapy (OT) and physical therapy (PT), and has no skilled need to remain at the facility. The facility submitted a portion of Appellant's clinical record, which according to the regional social worker, "speaks volumes" of why the facility seeks to discharge her. She explained that the progress notes therein, which date back to September 2022, highlight Appellant's repeated use of racist slurs, derogatory and offensive comments, and threatening language towards staff. Id. at 20, 30-31, 34.

[1] Appellant referred to her niece as her health care proxy, although there has been no evidence that Appellant's HCP has been invoked by a physician or is otherwise unable to make her own health care decisions.

[2] The clinical record reflects an admission date of [redacted]; however, this was due to the facility having briefly transferred Appellant to the hospital for a brief Section 12 evaluation. Id. at 47.

The facility representatives highlighted a March 1, 2023 argument between Appellant and her then-roommate, in which Appellant caused injury to a nurse. An entry made by the director of social services describing the incident states the following:

> Multiple staff had to come and assist due to the two individuals yelling, swearing, and this resident [Appellant] lunging to hurt the roommate. [Appellant] was removed from the room due to her threatening posturing at her roommate by the Nurse. Resident continued to yell and swear while being wheeled down hallway, lunging again, and then scratching the nurse's arm. Resident continued to try and negatively engage other residents on the floor and continued to verbally abuse staff calling another nurse a "bitch." Social services completed a room change for the roommate to avoid continued issues. Security and 1:1 was needed in order to complete the room change due to [Appellant] refusing to move from outside the door because she felt her roommate would "steal her things."

Id. at 45.

The next day, March 2, 2023, the facility met with Appellant to discuss discharge from the facility due to her concerning pattern of attempting to harm patients, as well as her completion of OT and PT services. Id. at 23. According to the regional clinical manager, Appellant made no subsequent efforts to change her behavior following the incident. Id. The clinical record included entries related to the discharge planning conversations, including Appellant's repeated requests to have the facility designate her former residence – a room she rented through a motel – as her discharge location. In April 2023, Appellant's niece expressed concern that the motel would not be an appropriate discharge location and would rather see Appellant transferred to another skilled nursing facility (SNF) or rest-home. Id. at 37-38. On April 21, 2023, social services sent referrals to multiple other SNFs, at least five of which are referenced in the progress notes. Id. All locations denied the requested transfer, citing that she did not meet the requisite level of care requirements. Id. at 33-37. Appellant also rejected the facility's efforts to refer her to a rest-home, opting instead for her motel room which she did "not want to give up." Id. She also noted that her children continue to live at the motel, and she did not want her PCA services to close if she were to remain at the facility. Id. A note dated April 27, 2023 indicated that the CNA reported Appellant was "very independent with personal needs." Id.

On May 1, 2023, in anticipation of Appellant's short-term coverage ending at the end of the month, the facility served Appellant with a 30-day notice to discharge her to the motel. Id. at 36. On May 9, 2023, Appellant reported to social services that the motel landlord secured a first-floor room for her, which would likely become available in the beginning of June as it was being renovated. Id. at 36, 39. On May 16, 2023, Appellant updated social services of her ongoing conversations with the landlord and provided an anticipated move-in date of [redacted]. Id. at 36. As the discharge date approached, Appellant complained of her heart "stopping," as well as a swollen and painful right hand, and stump pain that prevented her from wearing her prosthetic leg. Id. at

34. The facility rescinded the discharge notice and scheduled follow-up medical appointments to address her complaints. Id. On June 15, 2023, Appellant reported to staff that her motel room would be ready in three weeks. Id. at 33. On [redacted] 2023, Appellant again expressed to staff that she wished to be discharged to her hotel room. Id. at 17.

The regional social worker testified that the current discharge notice was prompted after a recent series of altercations Appellant had with staff and another resident, again resulting in injury. These events were detailed in Appellant's record, including the following comments entered by the regional clinical manager:

> The most recent incident causing harm to a current resident [occurred on] [redacted], [during which, Appellant] charged her wheelchair into a resident that was sitting in [a] chair. This resident was hit from behind by [Appellant], initiating an investigation, requiring the police to be notified of complaint of pain and transport to ER. [Appellant] continued with verbal abusive behavior the following day [redacted] non-compliant with smoking in the designated smoking area, cursed staff and left around 2pm [on a leave of absence with her husband].[3] Resident continued with abusive behavior of staff [redacted], again with her electric wheelchair, running over the staff toes.[4]
>
> The most recent investigation will be substantiated with DPH, with several witnesses stating they had to break up an "aggressive" argument that occur[ed] between [Appellant] and the resident she struck with her electric wheelchair. … Staff verbalize they are afraid to work on the unit where [Appellant] resides, secondary to the unprecedented harmful behavior that [she] has shown and is capable of. Administration at this time have a concern for the other resident's wellbeing as well, where we cannot guarantee to always be present to intervene in time when [Appellant] decides to lung[e] or charge, if another resident gets in an argument or is inappropriate.

Id. at 23.

The regional social worker acknowledged at hearing that the other resident in the July 16th incident also demonstrated problematic behaviors by exposing himself to Appellant; however,

[3] Additional entries regarding the [redacted] incident state that when staff security attempted to re-educate Appellant on the smoking policies, Appellant became verbally abusive and threatened staff that she would have people lose their jobs. Id. at 12.

[4] Additional entries regarding the [redacted] incident state that Appellant ran over the security guard's foot with her electric wheelchair. Id. at 29. She later came to the unit floor angrily yelling, cursing, and using inappropriate words at staff; blocked the entrance to the nurse's station requesting her medications that were not due until 9pm. Id. at 11. She continued to yell aggressively and insult other staff while patients were asleep and was observed videotaping a nurse. Id. at 11-12.

Appellant's violent behavior is part of a long-standing problem that the facility can no longer tolerate. As of last week, two nurses did not return to work as a direct result of Appellant's behaviors.

On [redacted] 2023, Appellant met with her physician, Adekunle Fajana, M.D., to discuss the facility's concern that her behavior "has escalated to harming other residents and threatening the safety of other individuals in the facility." Id. at 23. In his encounter note, Dr. Fajana wrote that Appellant admitted to having hit another patient in the rear with her wheelchair, that she has had repeated run-ins with the physician assistant, and there is no longer any medical rational for her to remain at the facility. See Exh. 5, p. 1. Dr. Fajana also issued a written order to discharge Appellant to the community ("home, facility or motel"), again noting that there was no medical necessity for SNF level of care. See Exh. 3, p. 24, p. 10. On [redacted] 2023, the facility served Appellant, by hand, an expedited notice to discharge her from the facility on [redacted] to the motel address because the "safety of the individuals in the facility is endangered due to the clinical or behavioral status of the resident." Id. at 10.

The regional social work manager testified that the facility has made every effort to ensure Appellant is discharged to a safe and appropriate location. As the documentation shows, the facility has been preparing Appellant for discharge for over three months. The designated discharge location was selected specifically at the request of Appellant. It is her mailing address and where she lived for several years prior to this admission. Appellant has completed all therapy services; she does not receive, or need, any skilled nursing service; and she continues to be largely independent with her care. Id. at 36. She further explained that Appellant has a standing physician order for LOA (leave of absence) privileges, which she frequently takes without issue. Id. at 16. To the extent she does require assistance with ADLs and IADLs, Appellant is approved for 40 hours per week of PCA services, as well as visiting nurse (VNA) services. The facility has already scheduled follow-up medical appointments her PCP, neurologist, and cardiologist.

In response to the facility's testimony, Appellant's niece testified that she does not feel the motel is a safe and appropriate discharge location. She explained that this is not the first admission Appellant had to the facility. When the facility discharged her last summer to her prior residence (the motel), Appellant ended up falling down the stairs and having a heart attack. This resulted in the hospitalization that led her back to the facility. According to the niece, a rest-home or SNF would be more appropriate. Additionally, the 1st floor motel room is not ready. The prior tenants destroyed the room and delays have occurred with the renovation. Statutory permits must first be issued before it can become available.

The niece acknowledged that she agreed with much of the facility's testimony; namely the ongoing conversations regarding discharge planning and speaking with social services regarding Appellant's behaviors. The niece did not deny Appellant did the things reported by the facility but explained that there are other factors which have led to her conduct. For example, the resident whom Appellant hit with a chair, had just exposed himself sexually to her. Additionally, there are quality

of care issues with how staff treat Appellant, and this triggers many of Appellant's verbal aggressions. The niece also stated that there have been progress reports indicating Appellant's behaviors have improved.

Appellant testified that she did engage in the reported behaviors. The Appellant, however, maintained that the facility did not capture the full story of what occurred. The recent altercation between her and the resident was prompted due to him having purposefully exposed his penis in her direction. Appellant stated she has been sexually abused in the past and has severe PTSD. This event severely triggered her, and she was in "fight or flight." She explained that staff does not tend to her needs because they do not like her. Appellant stated that, while she does want to leave this facility and ultimately does wish to return to the motel, she is not ready to leave. She recently developed pain at the location of her stump preventing her from using her prosthetic leg. She cannot use her right hand due to pain, such that OT stopped working with her and wanted her to see a doctor. These problems were not present when she was first admitted, thus explaining reports that she was "independent." Currently, she needs help in the shower and getting dressed. Also, pursuant to physician recommendation, she is scheduled to see a neurologist on [redacted] – after the date of the proposed discharge. When asked about the status of the motel room, Appellant reported that it is just awaiting a toilet, otherwise most renovations have been completed.

The regional social work manager responded that the facility does have is a high population of residents with behavioral issues, but not to the extent of physically and verbally abusing others repeatedly. Moreover, Appellant's response is characteristic of her tendency to derail all discharge discussions by focusing on what others have done to her. She has not made any effort to change. Additionally, Appellant has never let on that she does not wish to return to her home. In the last discussion, Appellant indicated that her room would be available by July 25, 2023. The facility made five referrals to other facilities, and she was not accepted at any. The regional social worker explained that she followed-up with Appellant and her niece, asking if they wished to have the facility make additional referrals, but they never responded.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. Appellant, an adult female under the age of 60, was admitted to the facility in the fall of 2022 to receive short term rehabilitation after being hospitalized for sustaining a fall and myocardial infarction. (Testimony; Exh. 3, p. 6; Exh. 5).

2. Appellant's additional relevant medical history and diagnoses include, but are not limited to, osteomyelitis of left ankle and foot, hypertension, major depressive disorder; chronic pain syndrome; atherosclerosis of native arteries of extremities with left leg gangrene;

surgical amputation of left leg below knee; hyperlipidemia; schizoaffective disorder; bipolar disorder; Crohn's disease; anxiety; atherosclerotic heart disease; diabetes mellitus; peripheral vascular disease; opioid, cocaine, and psychoactive substance abuse; and heart failure. (Exh. 3, p. 6).

3. Appellant's documented behaviors at the facility include the use of racist slurs, derogatory and offensive comments, and threatening language towards staff. (Testimony; Exhibit 3, pp. 11-34).

4. On [redacted] 2023, Appellant was involved in an altercation with her then-roommate, summarized by the director of social services, as follows:

> Multiple staff had to come and assist due to the two individuals yelling, swearing, and this resident [Appellant] lunging to hurt the roommate. [Appellant] was removed from the room due to her threatening posturing at her roommate by the Nurse. Resident continued to yell and swear while being wheeled down hallway, lunging again, and then scratching the nurse's arm. Resident continued to try and negatively engage other residents on the floor and continued to verbally abuse staff calling another nurse a "bitch." Social services completed a room change for the roommate to avoid continued issues. Security and 1:1 were needed in order to complete the room change due to [Appellant] refusing to move from outside the door because she felt her roommate would "steal her things." (Exh. 3, p. 45).

5. On March 2, 2023, the facility met with Appellant to discuss the need to discharge her from the facility due to her attempts to harm residents and staff, as well as her completion of OT and PT services. (Exh. 3, p. 23).

6. Between March and July, Appellant participated in multiple conversations with social services regarding her discharge plan and made repeated requests to have her form residence – the motel – be her designated discharge location. (Testimony; Exh. 3, pp. 11-37).

7. Pursuant to a discharge planning meeting on April 21, 2023, social services sent referrals to at least five other SNFs, all of which denied the requested transfer of Appellant, citing that she did not meet the requisite level of care requirements. (Testimony; Exh. 3, p. 33-37).

8. Appellant declined the facility's offer to make a referral to transfer her to a rest-home, opting instead to be discharged to her motel room which she did "not want to give up" and also noting she did not want her PCA services to close if she were to transfer to a facility. (Testimony; Exh. 3., pp. 33-27).

9. On April 27, 2023, Appellant was reported by CNA staff as being "very independent with

personal needs." (Exh. 3, p. 37; Testimony).

10. On May 1, 2023, in anticipation of Appellant's short-term coverage ending on May 30, 2023, the facility served Appellant with a 30-day notice to discharge her to the motel. (Exh. 3, p. 36).

11. In the weeks following the [redacted] discharge notice, Appellant continued to update staff on her conversations with the motel landlord, noting that she had secured a 1st floor room that was being renovated and would likely be ready at the beginning of June. (Exh. 3, pp. 36-39; Testimony).

12. As the discharge date approached, Appellant reported complaints of heart issues, a swollen and painful right hand, and increased stump pain that prevented her from wearing her prosthetic leg; and this prompted the facility to rescind the discharge notice and schedule follow-up medical appointments. (Testimony; Exh. 3, p. 34).

13. In June, Appellant continued to inform staff of her desire to return to her motel room, that it was in the final stages of being renovated and would be in July. (Testimony; Exh. 3, pp. 17-33).

14. On [redacted] 2023, after another resident purposefully exposed his penis to Appellant, Appellant charged her electric wheelchair into the rear the resident, who was also sitting in a chair, prompting the resident to be later transferred to the ER after complaints of pain. (Testimony; Exh. 3, p. 23; Exh. 5).

15. On [redacted] 2023, Appellant was non-compliant by smoking in a non-designated smoking area, and later became verbally abusive to staff, including making threats that they would lose their job. (Testimony; Exh. 3, p. 12, 23).

16. On [redacted] 2023, Appellant ran her electric wheelchair over the foot of a security guard, blocked entry to a nurse's station, and hit a standing fan causing it to knock into other staff members. (Testimony; Exh. 3, p. 11-12, 23).

17. As a result of Appellant's behaviors, staff have verbalized to management that they are afraid to work on the unit where Appellant resides, and since the most recent episodes, two employees did not return to work. (Testimony; Exh. 3, p. 23).

18. On [redacted] 2023, Appellant met with her physician Dr. Fajana and other staff members regarding her concerning her behavior having escalated to harming other residents. (Testimony; Exh. 3, p. 23; Exh. 5).

19. In his [redacted] progress note, Dr. Fajana wrote that Appellant admitted to having hit

another resident with her chair; that Appellant had repeated run-ins with the physician assistant; and that there is no medical rational for Appellant to remain at the facility; Dr. Fajana also issued a written order to discharge Appellant to the community ("home, facility or motel"), again noting that there was no medical necessity for Appellant to remain at a SNF level of care. (Testimony; Exh. 3, p. 24; Exh. 5, p. 1).

20. On [redacted] 2023, the facility hand delivered to Appellant an expedited notice to discharge her from the facility on [redacted] to the motel address because the safety of the individuals in the facility is endangered due to the clinical or behavioral status of the resident. (Testimony; Exh. 1; Exh. 3, p. 10).

21. Appellant completed all OT and PT rehabilitation services in February 2023.

22. Appellant has been approved for community VNA services, and 40 hours per-week of PCA services. (Testimony; Exh. 3, pp. 12-30).

Analysis and Conclusions of Law

The federal Nursing Home Reform Act (NHRA) of 1987 guarantees all residents the right to advance notice of, and the right to appeal, any transfer or discharge initiated by a nursing facility. MassHealth has enacted regulations that mirror the federal requirements concerning a resident's right to appeal a transfer or discharge, and the relevant MassHealth regulations may be found in the Nursing Facility Manual regulations at 130 CMR 456.000 et seq. and in the Fair Hearing Rules at 130 CMR 610.000 et seq.

MassHealth regulations at 130 CMR 610.028 set forth the requirements that a nursing facility must meet to initiate a transfer or discharge, and provides in part as follows:

> (A) A resident may be transferred or discharged from a nursing facility only when:
>
> (1) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing facility;
>
> (2) the transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the nursing facility;
>
> ***(3) the safety of individuals in the nursing facility is endangered;***
>
> (4) the health of individuals in the nursing facility would otherwise be endangered;
>
> (5) the resident has failed, after reasonable and appropriate notice, to pay for (or failed to have the Division or Medicare pay for) a stay at the nursing facility; or

(6) the nursing facility ceases to operate.

See 130 CMR 610.028(A) (emphasis added); see also 130 CMR 456.701(A).

When the transfer or discharge is sought due to the circumstances specified in (3) above, the resident's clinical record must contain documentation by a physician to explain the transfer or discharge. See 130 CMR 610.028(B); 130 CMR 456.701(B). The facility must also typically provide 30-days' notice, but it may give less than 30-days' notice where the "health or safety of individuals in the nursing facility would be endangered and this is documented in the resident's record by a physician." 130 CMR 610.029(B)(1).

In addition, the nursing facility must also demonstrate that it has complied with the requirements under M.G.L. c.111, §70E, which states, with emphasis added, the following:

> A resident, who requests a hearing pursuant to section 48 of chapter 118E***, shall not be discharged*** or transferred from a nursing facility licensed under section 71 of this chapter, ***unless a referee determines that the nursing facility has provided sufficient preparation and orientation to the resident to ensure safe and orderly transfer or discharge*** *from the facility* ***to another safe and appropriate place****.*

Based on the applicable laws and regulations, Appellant has not demonstrated that the facility issued the July 18th discharge notice in error. The facility cited proper grounds for discharge under 130 CMR 610.028(A)(3); specifically, that it considers Appellant's behavior to endanger the safety of other individuals in the nursing facility. The evidence indicates that Appellant has continuously engaged in verbal abuse of staff through the use of threats, derogatory and offensive language, and racial slurs. See Exh. 3; Exh. 5. Moreover, Appellant has gotten into physical altercations with other residents, which have resulted in residents and staff getting harmed and placed in fear for their safety. On July 18, 2023, Appellant's physician, Dr. Fajana met with Appellant to discuss the concern that her behaviors had escalated to harming other residents in the facility. See Exh. 3, p. 23-24. In a progress note dated July 18, 2023, Dr. Fajana detailed Appellant's behavioral concerns, including repeated run-ins with the physician assistant, and ordered the facility to discharge Appellant to her prior residence, the motel, as she no longer had a clinical need to remain at a SNF. Id.; see also Exh. 5, p. 1. The grounds for the intended discharge have been documented in Appellant's clinical record as required under 130 CMR §§ 610.028(B); 610.029(B)(1), above.

In addition, the facility demonstrated that it has met the requirements of G.L. c.111, § 70E, above, by discharging Appellant to her former residence. The evidence shows that Appellant has completed all OT and PT rehabilitation programs; she does not require any skilled level of care; and she is able to manage most ADLs independently. To the extent she does require assistance in the community, Appellant is approved for VNA services and 40 hours per-week of PCA services. Although Appellant reported new complaints of pain in her leg/stump and right arm in May 2023, there is no evidence to suggest her level of care has increased such that she needs to remain in a SNF, or that her approved community services would be insufficient to address these complaints.

As recently as [redacted] 2023, Appellant's physician met with Appellant and ordered that she may be discharged home, as there is medical need for her to remain at a skilled nursing facility." Exh. 3, p. 24. The objections raised by Appellant's niece – namely that Appellant would be better suited in rest-home or facility – are insufficient grounds to keep the facility from proceeding with the discharge plan. The facility adequately documented its months-long effort to work with Appellant on an agreeable and appropriate discharge plan. During these meetings, Appellant specifically requested that the facility designate the motel as her discharge location. She also declined referrals to a rest-home, and multiple referrals for a SNF transfer were also declined. Appellant kept social services apprised of her conversations with the motel landlord, informing that as early as June 2023, her 1st floor room was in the final stages of a complete renovation. There is no evidence that the facility failed to ensure a safe and orderly discharge of Appellant to a safe and appropriate location. See G.L. c.111, § 70E

Based on the foregoing, the appeal is DENIED.

Order for Nursing Facility

Proceed with the discharge as set forth in the notice dated [redacted] 2023 pending a 5-day stay after the date of this decision, as required under 130 CMR 610.030(B).

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

Respondent: Worcester Rehab & Healthcare Center, Attn: Administrator, 119 Providence Street, Worcester, MA 01604, 508-860-5000

Respondent Representative: Worcester Rehabilitation & Health Care Center, ATTN: Lorie Kelley, LSW, 119 Providence St., Worcester, MA 01604

[redacted]