STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225067	A. Building B. Wing	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wedgemere Healthcare	146 Dean Street Taunton, MA 02780

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 41107 Based on records reviewed and interviews, for one of three sampled Employee Files, the Facility failed to ensure they implemented and followed their Abuse Policy when a Massachusetts Nurse Aide Registry (NAR) check was not conducted on Nurse #1 prior to her date of employment at the Facility as required, and in accordance with the Facility's Abuse Policy. Findings include: Review of the Facility's Policy titled Abuse Investigation and Reporting, dated as revised February 2024, indicated that the Nurse Aide Registry is checked prior to employment for all facility employees. Review of Nurse #1's Employee File indicated her first date of employment at the Facility was 03/04/24. Further review of her Employee File indicated there was no documentation to support that an NAR check had been conducted prior to employment at the Facility. During an interview on 10/22/24 at 2:10 P.M., the Administrator said all employees must have an NAR check prior to their first date of employment at the Facility. The Administrator said the Facility was unable to provide documentation to support that a NAR check had been conducted on Nurse #1 prior to her first date of employment.

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