

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER The Massachusetts Veterans Home at Chelsea		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Summit Street Chelsea, MA 02150	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>15024</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was alleged to have been subjected to verbal abuse by Certified Nurse Aide #1, the Facility failed to ensure they submitted a report to the Department of Public Health within the required timeframe (two hours), after being made aware of the allegation, when their report regarding the allegation was not submitted until seven days after administrative staff became aware of the allegation.</p> <p>Findings include:</p> <p>Review of the Facility's Policy titled Prevention/Identification of Abuse, Neglect or Mistreatment, dated October 13, 202, indicated the Compliance Officer or designee is responsible for reporting the incident to the appropriate regulatory agency or accreditation organization. The Policy indicated to notify the State Agency through the Health Care Facility Reporting System (HCFRS) for alleged violations involving Abuse immediately, but no later than 2 hours after the allegation is made if the events that cause the allegation involve abuse.</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS) indicated the Facility submitted the report regarding an allegation of verbal abuse (that had occurred on 4/15/24) at 4:12 P.M. on 04/22/24, seven days after Housekeeper #1 reported the alleged incident to the Housekeeping Supervisor, and Administrative staff were initially made aware.</p> <p>Review of Resident #1's medical record indicated his/her diagnoses included alcohol abuse and dementia with behavioral issues.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) assessment, dated 04/23/24, indicated he/she had severely impaired cognition, and displayed behavioral symptoms not directed toward others.</p> <p>During a telephone interview on 05/20/24 at 11:15 A.M., the Housekeeping Supervisor said at approximately 4:45 P.M. on 04/15/24, Housekeeper #1 reported to him that a Certified Nurse Aide (CNA) was heard telling Resident #1 that he/she was such an idiot after he/she repeatedly asked to go outside to smoke. The Housekeeping Supervisor said he immediately notified the Nursing Supervisor.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 05/20/24 at 10:08 A.M., the Nursing Supervisor said on 04/15/24, sometime between 5:00 P.M. and 5:30 P.M. (exact time unknown) the Housekeeping Supervisor notified her that a CNA was heard calling Resident #1 an idiot after requesting to go out to smoke several times. The Nursing Supervisor said based on descriptions provided, the CNA was identified as CNA #1, and her employment was immediately suspended and Administration was notified.</p> <p>During an interview on 05/14/23 at 11:00 A.M., the Quality Nurse Manager said at approximately 5:00 P.M. on 04/15/24, the Administrator notified her there was an allegation of verbal abuse, that CNA #1 called Resident #1 an idiot. The Quality Nurse Manager said since the Administrator was not a registered user for the HCFRS system for the Facility yet, she was asked to submit the initial report within two hours. The Quality Nurse Manager said she immediately began to enter the information into HCFRS, but accidentally did not submit the report. The Quality Nurse Manager said once her error was identified (date not recalled), the report was submitted into HCFRS days later.</p> <p>Review of an email received on 05/17/24 at 2:47 P.M., from the Administrator indicated, that although the Facility became aware of the alleged incident of abuse on 04/15/24, it was not discovered until the following Monday on 04/22/24 that the report was not submitted to the DPH.</p>