

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Country Gardens Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 Grand Army Highway Swansea, MA 02777	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>15203</p> <p>Based on interviews and records reviewed, for one of three sampled residents (Resident #1), who was alert and oriented and required substantial assistance from staff members when bathing, the Facility failed to ensure that staff treated him/her in a dignified and respectful manner, when related to his/her right to personal privacy when, on 4/03/25 while assisting him/her in the shower, Certified Nurse Aide (CNA) #1 conducted a telephone call using Face Time.</p> <p>Findings include:</p> <p>Review of the Facility Personal Cell Phone Policy, dated as reviewed/revised during January 2025, indicated the Facility prohibited employees from using personal cell phones for any reason on the nursing units.</p> <p>Review of the Facility Resident Rights Policy, dated as reviewed/revised during October 2024, indicated the resident had the right to personal privacy.</p> <p>Review of Resident #1's medical record indicated that he/she was admitted to the Facility during January 2025 and his/her diagnoses included multiple sclerosis.</p> <p>Resident #1's most recent Quarterly Minimum Data Set (MDS) Assessment, dated 4/05/25, indicated that Resident #1's cognitive patterns were intact and he/she required substantial assistance from staff members when bathing and showering.</p> <p>During an interview on 4/22/25 at 11:50 A.M., Resident #1 said that on 4/03/25, CNA #1 assisted him/her during a shower. Resident #1 said that during the shower, CNA #1 was on her cell phone. Resident #1 said that the cell phone was on speaker and he/she could hear the conversation between the caller and CNA #1. Resident #1 said that the caller was telling CNA #1 about a relationship break up.</p> <p>Resident #1 said that at some point while he/she was naked and covered in soap, CNA #1 knelt in front of him/her to wash his/her legs and feet. Resident #1 said that when CNA #1 knelt down, the cell phone slid out of his/her scrub top pocket. Resident #1 said that he/she could clearly see the face of the male caller on the cell phone and realized that the call was a Face Time call. Resident #1 was able to describe the physical appearance of the man's face on CNA #1's cell phone. Resident #1 said that he/she made eye contact with the caller and said nice hoodie and the caller replied thanks. Resident #1 said that CNA #1 said oopsie and slid the cell phone back deeper into his/her pocket.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 said that CNA #1 continued the cell phone conversation throughout his/her shower and only ended the call to dress him/her. Resident #1 said that he/she was shocked, embarrassed and humiliated when he/she realized that CNA #1 was using the cell phone on Face Time and wondered if he/she could be seen by the caller while naked in the shower.</p> <p>During a telephone interview on 4/25/25 at 12:00 P.M., CNA #1 said that she answered a telephone call with her cell phone during Resident #1's shower on 4/03/25. CNA #1 said that she was on the call briefly while she arranged to return the call at another time, that she ended the call and placed the cell phone back into her scrub top pocket. CNA #1 said that at one point after the call, her cell phone fell out of her pocket. CNA #1 said that she thought that Resident #1 mistook a photograph on her telephone screen as a Face Time call.</p> <p>Review of CNA #2 and the Director of Nursing Written Statements, dated 4/04/25, indicated that during a telephone interview of CNA #1 on 4/04/25 conducted by the Director of Nursing during which CNA #2 acted as witness, CNA #1 stated that she was on a Face Time phone call during Resident #1's shower on 4/03/25.</p> <p>Although CNA #1 told the Surveyor that she did not use Face Time when she used the telephone during Resident #1's shower, her statement seems suspect given Resident #1's consistent statements regarding the incident and the corroboratory statements CNA #1 gave during a 4/04/25 telephone interview conducted by the Director of Nursing, as witnessed by CNA #2.</p> <p>During an interview on 4/22/25 at 12:55 P.M., the Director of Nursing said that on 4/04/25, Resident #1 reported that, on 4/03/25, CNA #1 was on a Face Time cell phone call throughout his/her shower. The Director of Nursing said that she called CNA #1 and suspended her. The Director of Nursing said that during the phone call, CNA #1 told her that she had been on a Face Time phone call on 4/03/25 while showering Resident #1. The Director of Nursing said that CNA #1 was terminated as a result of the incident.</p> <p>On 4/22/25 the Facility was found to be in past non-compliance. The Facility provided the Surveyor with a plan of correction which addressed the concern as evidenced by:</p> <p>A. The Facility suspended CNA #1 on 4/04/25 and subsequently terminated her.</p> <p>B. Resident #1 was seen by the Facility Social Worker on 4/07/25, the Psychiatric Service Provider on 4/08/25 and the Nurse Practitioner on 4/09/25 for on-going support related to the incident.</p> <p>C. The Director of Nursing, Administrator and Staff Development Coordinator initiated reinforced training of all staff on the Facility Abuse, Social Media and Cell Phone policies on 4/04/25 and training is on-going.</p> <p>D. On 4/04/25, the Facility initiated random weekly rounds by the Administrator, the Director of Nursing or designee for personal cell phone use by staff members on resident units.</p> <p>E. On 4/07/25, the Facility initiated random interviews of 5 residents weekly to ensure that any potential violations are identified, investigated and reported.</p> <p>(continued on next page)</p>		

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