

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2024
NAME OF PROVIDER OR SUPPLIER  Care One at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE  19 Varnum Street Lowell, MA 01850	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>15024</p> <p>Based on records reviewed and interviews, for one of three sampled Employee Personnel Records (Certified Nurse Aide #1), the Facility failed to ensure they conducted a Massachusetts Nurse Aide Registry background check before hire, in accordance with the Facility Policy.</p> <p>Findings include:</p> <p>Review of the Facility's Policy titled Background Screening Investigations, dated March 2019, indicated background checks are completed prior to employment. The Policy indicated that any employee applying for a position as a Certified Nurse Assistant, the state nurse aide registry is contacted to determine if any findings of abuse, neglect, mistreatment of individuals, and/or theft of property have been entered into the applicant's file.</p> <p>Review of Certified Nurse Aide (CNA) #1's Personnel File indicated he was hired on 06/07/22. Further review of the file indicated there was no documentation to support that CNA #1 had a Massachusetts Nurse Aide Registry background check conducted by the Facility before hire.</p> <p>During an interview on 07/09/24 at 3:30 P.M., the Administrator, Director of Nurses (DON) and Assistant Director of Nurses said a Massachusetts Nurse Aide Registry could not be located for CNA #1 to support it had been conducted prior to hire.</p> <p>During a telephone interview on 07/10/24 at 12:35 P.M., the DON said that although ongoing attempts were made by their offsite Human Resource department to locate CNA #1's Massachusetts Nurse Aide Registry check, it was not located.</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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