

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6 Morrill Place Amesbury, MA 01913	
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 record review and interviews, for three of three sampled Employee Personnel Files (Nurse #1, Nurse #4, and Certified Nurse Aide #3), the Facility failed to ensure they completed and followed abuse prohibition procedures as defined in their policy when Massachusetts Nurse Aide Registry background checks were not conducted prior to hire.</p> <p>Findings include:</p> <p>Review of the Facility's Policy and Procedure titled Employee Background Checks, Reporting Requirements, and Prevention of Abuse, Neglect, Exploitation of Residents, not dated, indicated the Facility shall be thorough in its investigations of the histories of prospective staff. The Policy indicated the Facility shall check the state nurse aide registry. The Policy indicated the Facility shall screen potential employees for a history of abuse, neglect, and exploitation, or misappropriation of resident property in order to prohibit abuse, neglect, and exploitation of resident property which includes checking registries.</p> <p>Review of Nurse #1's Personnel File indicated she was hired on 12/18/24. Further review of the file indicated there was no documentation to support that Nurse #1 had a Massachusetts Nurse Aide Registry background check conducted by the Facility before hire.</p> <p>Review of Nurse #4's Personnel File indicated she was hired on 02/05/25. Further review of the file indicated there was no documentation to support that Nurse #4 had a Massachusetts Nurse Aide Registry background check conducted by the Facility before hire.</p> <p>Review of Certified Nurse Aide (CNA) #3's Personnel File indicated she was hired on 01/21/25. Further review of the file indicated there was no documentation to support that CNA #3 had a Massachusetts Nurse Aide Registry background check conducted by the Facility before hire.</p> <p>During an interview on 02/26/25 at 4:10 P.M., the Human Resource Director (in the presence of the Administrator and Director of Nurses) said since her hire in August 2024, she was responsible for conducting all pre-hire background checks on prospective employees. The Human Resource Director said she was not trained to conduct Massachusetts Nurse Aide Registry background checks. The Human Resource Director said since she was not familiar with the Massachusetts Nurse Aide Registry checks, she had not been conducting them. The Human Resource Director said she was unable to provide documentation to support that Massachusetts Nurse Aide Registry background checks were conducted for Nurse #1, Nurse #4 and CNA #3.</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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