

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Regalcare at Holyoke		STREET ADDRESS, CITY, STATE, ZIP CODE 282 Cabot Street Holyoke, MA 01040	
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>37227</p> <p>Based on interviews and records reviewed for one of three sampled residents (Resident #1), who back in June 2024, alleged that during care by a staff member, he/she was physically abused, the Facility failed to ensure they reported the final results of their abuse investigation to the Department of Public Health (DPH) within five working days, when although an allegation of abuse, involving Resident #1 and Certified Nurse Aide (CNA) #1, was reported on 06/06/24, the final results of the investigation however, were not reported to the DPH until 10/01/24, almost four months later.</p> <p>Findings include:</p> <p>Review of the Agency Policy titled Abuse: Identification and Reporting, dated as revised March 2022, indicated the results of all investigations must be reported to the administrator and to other officials in accordance with state law within five working days of the incident and if the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Review of Reports submitted to the DPH by the facility via the Health Care Facility Reporting System (HCFRS) indicated that on 06/06/24, the Facility submitted an initial report that indicated Resident #1 alleged that on 06/05/24, CNA #1 dropped his/her legs during care, resulting in severe pain. Further review of the Report from the Facility in HCFRS indicated, after submission of the initial report, the Facility was repeatedly contacted by the DPH Intake Department (on 06/11/24, 07/17/24, 08/29/24, 09/04/24, 09/17/24, and 09/20/24) requesting a final summary of the outcome of the Facility's Internal Investigation, and the summary was not received by DPH until 10/01/24.</p> <p>During an interview on 10/23/24 at 8:00 A.M., the Director of Nurses (DON) said that she was not working at the Facility at the time of the investigation, and that she was not sure why the final report was not submitted within the required time frame.</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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