STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225270	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care One at Essex Park	265 Essex Street Beverly, MA 01915

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on records reviewed and interviews, for one of three sampled residents (Resident #1) who was having difficulty moving his/her bowels, the Facility failed to ensure he/she was provided care and treatment in accordance with acceptable standards of practice, when a Certified Nurse Aide (CNA) used her fingers to digitally disimpact (remove harden mass of feces from rectum) Resident #1, which was not within a CNA's scope of practice or job description and per the facility, was not a procedure that CNA's could perform. Findings include:Review of the Facility's Job Description titled, Certified Nursing Assistant, which was provided by the facility indicated it was last updated in 12/2006, identified that essential duties and responsibilities of a Certified Nursing Assistant (CNA) consisted of the following:-Perform all assigned tasks in accordance with the Facility's Policies and Procedures, and as instructed by your supervisors.-Report all resident changes in condition promptly to the Nurse Supervisor/Charge Nurse.-Assist in preparing the resident for a physical examination.-Report all complaints made by the resident to the Nurse Supervisor/Charge Nurse.-Assist resident with bowel and bladder functions (i.e., take to the bathroom, offer bedpan/urinal, portable commode, etc.)-Prepare and give enemas.-Check and report bowel movements and character of stools as instructed.-Record all entries on flow sheets, notes, charts, etc., in an informative and descriptive manner.Further Reviewed of the CNA Job Description indicated that digital disimpaction of a resident was not part of a CNA's job responsibilities.Review of Mass.gov article titled, Massachusetts Certified Nurse Aide (CNA) Curriculum Frameworks, dated released on April 2026, indicated the CNA Scope of Practice and Bowel Management, that CNAs play a vital collaborative role in patient care, but invasive procedures like manual disimpaction are prohibited. The article indicated CNAs provide critical frontline support by the following:-Observing and Documenting: Monitoring for abdominal distension, pain, and the frequency/consistency of bowel movements.-Encouraging Intake: Ensuring residents maintain adequate fluid and fiber intake to prevent hardened stools from forming in the first place.-Positioning and Comfort: Assisting residents to the toilet or commode and applying skin barrier creams if fecal incontinence or irritation occurs.The article indicated the Clinical Risks of Disimpaction Manual (digital) disimpaction requires careful clinical assessment due to the physiological stress it places on the elderly.The article indicated the procedure carries several high-risk complications that necessitate licensed nursing oversight such as the following:- Vagus Nerve Stimulation: Inserting a lubricated finger into the rectal vault can trigger a parasympathetic response, leading to a sudden drop-in heart rate (bradycardia) or dangerous cardiac arrhythmias.-Bowel Trauma: Debilitated elderly residents often have fragile, friable rectal tissue. Forceful removal risks tissue damage, mucosal tearing, or bowel perforationThe article indicated that nursing facilities must establish strict protocols for bowel management, indicating while CNAs may assist with toileting or perineal care, any invasive bowel intervention requires direct experiential training, a specific Physician or Nurse Practitioner Order, and execution by Licensed Staff.Review of the report submitted by the facility via Health Care Facility Reporting System (HCFRs), dated 03/04/26, indicated Resident #1 reported to his/her Health Care Proxy (HCP) that a CNA (exact name unknown) disimpacted him/her during the night over the weekend. The Report indicated Resident #1 was interviewed and Resident #1 said it was painful when the CNA disimpacted him/her.Resident #1 (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was admitted to the Facility in February 2006 diagnoses included Severe Aortic Stenosis (heart's aortic value becomes heavily narrowed and stiffened, restricting normal blood flow from the heart to the rest of the body), Atrial Fibrillation (irregular heartbeat), Hypertension (high blood pressure), Diabetes and stroke without residual deficits (blood flow to an area of the brain is cut off or a blood vessel bursts).Review of Resident #1's Medical Record indicated he/she had a mild cognitive impairment with some confusion, but was Alert & Oriented x3 (Person, Place and Time), speech was clear and he/she could understand and be understood when speaking. During a telephone interview on 06/02/2026 at 11:54 A.M., the Nursing Supervisor said on 03/01/26 she was assigned to Resident #1. The Nursing Supervisor said Resident #1 requested a medication to help him/her to not become constipated again. The Nursing Supervisor said shortly thereafter, Resident #1's HCP informed her that Resident #1 had informed her (HCP) that a CNA had used her fingers to pull poop out of his/her bum and it hurt when it was being done.The Nursing Supervisor said she went to speak to Resident #1, who restated to her, the same information his/her HCP had shared, which was he/she had been disimpacted by a CNA (exact name unknown). The Nursing Supervisor said Resident #1 denied being in pain at the time of the interview. The Nursing Supervisor said she had physically assessed Resident #1, and no skin issues or areas of trauma were observed.The Nursing Supervisor said she informed the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) of the allegation of a CNA (exact name unknown) disimpacting Resident #1.During an interview on 05/20/2026 at 10:56 A.M., the Assistant Director of Nursing (ADON) said on 03/02/26, the Nursing Supervisor informed her Resident #1 said he/she had been disimpacted by a CNA (later identified as CNA #1). The ADON said on 03/02/26, Resident #1 said on 02/27/26, he/she had been constipated, and the Nurse gave him/her medication to aid with a bowel movement. The ADON said Resident #1 said early in the morning on the overnight shift of Friday 02/27/26 into Saturday 02/28/26, he/she had asked a CNA to help him/her into the bathroom. The ADON said Resident #1 said he/she told the CNA he/she felt like he/she needed to move their bowels but felt like something was stuck in his/her rectum.The ADON said Resident #1 then said that the CNA (CNA #1) did not inform him/her what she was going to do prior and the CNA inserted her finger into his/her rectum to help him/her move their bowels. The ADON said Resident #1 said he/she did not ask CNA to disimpact him/her.During an interview on 05/20/26 at 3:13 P.M., Nurse #1 said he was unaware Resident #1 had been disimpacted by CNA #1 early in the morning on the overnight shift of Friday 02/27/26 into Saturday 02/28/26. Nurse #1 said neither Resident #1 or CNA #1 had not informed him that Resident #1 had been constipated or that CNA #1 had disimpacted Resident #1 during the shift.The Surveyor was unable to interview CNA #1 as she did not respond to the DPH telephone request for an interview.During an interview on 05/20/2026 at 11:48 A.M., the Director of Nursing (DON) said on 03/02/26, Resident #1's HCP informed her that Resident #1 had been disimpacted by a CNA (later identified CNA #1). The DON said on 03/02/26 Resident #1 said he/she was unable to move their bowels, a CNA penetrated him/her with her fingers to remove stool. The DON said Resident #1 said the incident was painful, but he/she felt relief afterwards.The DON said she spoke to CNA #1 by telephone and CNA #1 admitted she had disimpacted Resident #1. The DON said that CNA #1 told her she thought she was helping Resident #1, that she (CNA #1) did not know it was not within her CNA scope of practice. The DON said CNA #1 said she was unaware that the Facility does not allow Nurses and/or CNAs to disimpact residents. The DON said CNA #1 was terminated.The DON said it was Facility's Policy that Nurse's and CNAs are not to perform manual digital disimpaction of residents and that nursing is to notify the Physician if there is an issue.