STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225271	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Port Healthcare Center	6 Hale Street Newburyport, MA 01950

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 15024 Based on interviews and records reviewed, for one of three sampled residents (Resident #1), and for one of three sampled employees (Certified Nurse Aide #1), and the Facility failed to ensure staff implemented and followed their abuse policy related to reporting of abuse allegations and employment requirements. 1) On 11/22/24, although Nurse #1 and the Charge Nurse were aware that Resident #1 had made an allegation that CNA #1 had slapped him/her on the arm during care, neither of them reported the allegation of abuse immediately to the Administrator or Director of Nurses, who were not made aware until three days later, and 2) prior to working at the facility, a Massachusetts Nurse Aide Registry (NAR) check was not conducted on Certified Nurse Aide (CNA) #1, as required. Findings include: 1) The Facility Policy titled Abuse, Neglect, Mistreatment, Misappropriation of Resident Property and Exploitation, revised 10/2022, also indicated that mandated reporters have a legal obligation to report all actual, suspected or alleged cases of abuse. The Policy indicated an immediate report should be made (following the facility's chain of command) listed as the Immediate Supervisor, the Administrator, the Director of Nursing Services, House Manager and Director of Social Services. Review of the report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted on 11/25/24, indicated that at approximately 9:00 P.M. on 11/22/24, Nurse #1 immediately met with Resident #1 after CNA #1 stated he/she (Resident#1) had kicked her (CNA #1) during care and refused to take a shower. The report indicated Resident #1 told Nurse #1 that when he/she (Resident #1) asked CNA #1 for help to put on his/her shoes, CNA #1 slapped him/her on the left forearm. Review of Resident #1's clinical record indicated his/her diagnoses included a fracture of the right pubis and anxiety. Review of Resident #1's Admission Minimum Data Set (MDS) assessment, dated 11/13/24, indicated he/she had intact cognitive functioning, scoring a 15 out of 15, on a Brief Interview for Mental Status. The MDS assessment indicated Resident #1 was able to understand others and make himself/herself understood. (continued on next page)

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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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 12/17/24 at 3:30 P.M., Resident #1 said during the evening on a 3:00 P.M. to 11:00 P.M. shift (exact date unknown) CNA #1 was irritated with him/her and slapped him/her on the forearm with an open hand, while they were in the bathroom. Resident #1 said it was an open hand slap and it smarted for a minute. Resident #1 said he/she immediately reported the incident a nurse (exact staff member name unknown) and that other CNAs assisted him/her further that night. During a telephone interview on 12/17/24 at 10:20 A.M., Nurse #1 said at 8:40 P.M. on Friday 11/22/24 Resident #1 told her that CNA #1 slapped his/her left forearm intentionally, while providing assistance in the bathroom. Nurse #1 said Resident #1 told her he/she did not understand why CNA #1 wore protective gloves for collecting the laundry, was upset and said he/she (Resident #1) told CNA #1 not to wear them. Nurse #1 said Resident #1 told her then CNA #1 slapped him/her on the left forearm after his/her shoes were put on. Nurse #1 said she assessed Resident #1 for injury, and did not see any redness or evidence of physical harm. Nurse #1 said on 11/22/24, she immediately reported the alleged incident to the Charge Nurse on the unit. Nurse #1 said she did not report the allegation of abuse to the Administrator of Director of Nurses. Nurse #1 said witness statements were written and collected regarding the allegation of abuse and were placed in the Unit Manager's mailbox so that the Unit Manager would receive and review them on Monday 11/25/24 (which was when the Unit Manager work next, after the weekend). During a telephone interview on 12/17/24 at 3:25 P.M., the Charge Nurse said at approximately 9:15 P.M. on 11/22/24 (Friday) Nurse #1 told her that Resident #1 reported that CNA #1 had slapped his/her left forearm. The Charge Nurse said she gave Nurse #1 her written statement. The Charge Nurse said Nurse #1 told her that the written statements she collected, were put in the Unit Manager's mailbox. The Charge Nurse said she did not contact the Administrator of Director of Nursing to report the allegation of abuse. The Charge Nurse said she did not direct Nurse #1 to report the allegation immediately either. During an interview on 12/12/24 at 12:15 P.M., the Unit Manager said she found three written witness statements in her mailbox in the morning on 11/25/25 (Monday) from the Charge Nurse, Nurse #1 and Resident #1. The Unit Manager said she discovered, based on a review of the statements, that Resident #1 had alleged CNA #1 slapped his/her left forearm on 11/22/24. The Unit Manager said she immediately reported the allegation of abuse to the Director of Nurses. During an interview on 12/12/24 at 2:45 P.M., the Administrator and Director of Nurses (DON) said in the morning on 11/25/24 the Unit Manager reported to the DON that based on a review of written statements retrieved from her mailbox that morning, Resident #1 alleged CNA #1 had slapped his/her left forearm at approximately 8:40 P.M. on 11/22/24. The Administrator and DON said, prior to 11/25/24, they had not been made aware of the allegation. The Administrator and DON said Nurse #1 and the Charge Nurse should have immediately reported the allegation of abuse to them, per Facility Policy. 2) Review of Facility Policy titled Abuse, Neglect, Mistreatment, Misappropriation of Resident Property and Exploitation, revised 10/2022, indicated the Facility will strictly adhere to screening protocol. The Policy indicated prior to employment, all potential new employees are subject to a Nurse Aide Registry (NAR) check. (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of CNA #1's Employee File indicated her first date of employment at the Facility was on 06/30/23. Further review of CNA #1's Employee File indicated there was no documentation to support that an NAR check had been conducted prior to her employment at the Facility. During on interview on 12/12/24 at 2:05 P.M., the Director of Nurses (DON) said CNA #1 was an agency contracted employee. The DON said CNA #1's NAR should have been completed prior to employment at the Facility by the agency. The DON said after speaking with the agency President, it was discovered that CNA #1 had not had a NAR check conducted prior to hire at the Facility.