

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225317 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/06/2024 |
| NAME OF PROVIDER OR SUPPLIER Fall River Jewish Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 538 Robeson Street Fall River, MA 02720 | |

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>15203</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was alert and oriented, was able to make his/her needs known and required medication every two hours in an effort to control his/her symptoms related to a progressive brain disease that affected his/her movements and speech, the Facility failed to ensure he/she was treated in a dignified and respectful manner, when on 04/08/24, Nurse #1 spoke to Resident #1 in a degrading, insulting manner and slammed a door in his/her face.</p> <p>Findings include:</p> <p>Review of the Facility Resident Rights Policy, undated, indicated that employees shall treat residents with kindness, respect and dignity.</p> <p>Review of Resident #1's medical record indicated he/she was admitted to the Facility during November 2023 and his/her diagnosis included depression and Parkinson's disease (brain disease in which nerve cells, or neurons, in the brain die or become impaired, damage is progressive over time, and affects areas in the brain that control movement, speech and causes tremors).</p> <p>Review of Resident #1's quarterly Minimum Data Set Assessment, dated 3/04/24, indicated that his/her cognitive patterns were intact and he/she made his/her needs known verbally.</p> <p>Review of Resident #1's Medication Administrator Records for March and April 2024 indicated he/she had a physician's order for Sinemet (a dopamine promoter used to treat Parkinson's Disease) 25-250 mg tablet, one tablet every two hours while awake.</p> <p>Review of the Report submitted by the Facility to the Department of Public Health (DPH) via the Health Care Facility Reporting System (HCFRS), dated 4/08/24, indicated that on 4/08/24 at 10:30 A.M., Family Member #1 reported that a staff member (later identified as Nurse #1) had called Resident #1 lazy.</p> <p>During an interview on 5/06/24 at 12:10 P.M., Resident #1 said that Nurse #1 was rude to him/her on a couple of occasions. Resident #1 said that on one occasion, when Nurse #1 answered his/her call light and he/she told her that the urinal needed to be emptied, Nurse #1 asked him/her why he/she did not get up and do it him/herself. Resident #1 said Nurse #1 called him/her lazy in a tone of voice that sounded as though she doubted his/her inability to do things for him/herself.</p> <p>(continued on next page)</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 |
|---|-------|-----------|

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225317 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/06/2024 |
| NAME OF PROVIDER OR SUPPLIER Fall River Jewish Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 538 Robeson Street Fall River, MA 02720 | |
| 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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Resident #1 said that on one occasion, he/she asked Nurse #1 why she gave him/her a hard time and Nurse #1 said he/she did not belong at the Facility and should go to an Assisted Living. Resident #1 said that he/she did not like Nurse #1 second guessing the decision that he/she and Family Member #1 made for long-term care.</p> <p>Resident #1 said that on another occasion, when he/she approached Nurse #1 for his/her medications at the nursing station, Nurse #1 shut the door quickly right in his/her face.</p> <p>During a telephone interview on 5/16/24 at 1:23 P.M., Family Member #1 said that Resident #1 complained to her that Nurse #1 called him/her lazy. Family Member #1 said that on one occasion, when she was outside the door of Resident #1's room, she heard Nurse #1 tell Resident #1 that he/she didn't need assistance and said he/she was capable of doing things for him/herself. Family Member #1 said she heard Nurse #1 tell Resident #1 to get up and do it for yourself, and, you don't belong here, you belong in Assisted Living. Family Member #1 said Nurse #1's tone of voice was reprimanding and belittling.</p> <p>Family Member #1 said that Resident #1 told her about other instances in which Nurse #1 caused Resident #1 to wait for his/her medications and acted as though she could not understand his/her speech when he/she asked for medications. Family Member #1 said she reported Resident #1's concerns to the Assistant Director of Nursing (ADON).</p> <p>During an interview on 5/06/24 at 1:30 P.M., the ADON said that on 4/08/24 Family Member #1 reported concerns about Nurse #1's interactions with Resident #1 and she initiated an investigation. The ADON said that she asked staff members whether they had witnessed any concerns with the care of Resident #1 and that Certified Nurse Aide (CNA) #1 told her about a concerning interaction between Resident #1 and Nurse #1.</p> <p>During an interview on 5/16/24 at 5:10 P.M., the CNA #1 said that on 4/08/24 around 7:00 A.M., she observed Nurse #1 get mad at Resident #1 for asking for his/her medications. CNA #1 said when Resident #1 went to the nursing station to talk to Nurse #1 about medications, that Nurse #1 told Resident #1 he/she was addicted to pills in a tone of voice that was mad, upset and almost yelling. CNA #1 said Nurse #1 slammed the door to the nursing station in Resident #1's face and he/she walked away.</p> <p>During a telephone interview on 5/16/24 at 2:00 P.M., the Social Worker said that she interviewed Resident #1 about Nurse #1 as part of the Facility's Internal Investigation. The Social Worker said that Resident #1 told her Nurse #1 asked him/her questions about the reasons why that he/she was at the Facility and that Nurse #1 said he/she belonged in an Assisted Living. The Social Worker said that Resident #1 told her that Nurse #1 referred to him/her as an addict and he/she felt humiliated and degraded.</p> <p>Review of the Social Worker's Progress Note for 4/08/24, (dated 4/04/24 in error), indicated Resident #1 told her that when he asked Nurse #1 to empty his/her urinal, Nurse #1 told him/her to do it him/herself. The Note indicated Resident #1 told her that Nurse #1 said that he/she was just another lazy addict looking for more meds. The Note indicated Resident #1 told the Social Worker that he/she felt like he/she was walking on eggshells or playing cat and mouse with Nurse #1. The Note indicated Resident #1 said Nurse #1 was in a position of power and was taking advantage of his/her weakness and disease and making him/her feel worse.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225317 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/06/2024 |
| NAME OF PROVIDER OR SUPPLIER Fall River Jewish Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 538 Robeson Street Fall River, MA 02720 | |
| 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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a telephone interview on 5/16/24 at 2:15 P.M., Nurse #1 said that worked the 3:00 P.M. to 11:00 P.M. shift at the Facility and was Resident #1's nurse. Nurse #1 said that she administered medications to Resident #1 every two hours during the shift as ordered by the physician and rarely engaged in other conversation with Resident #1 because she was so busy.</p> <p>Nurse #1 said she did not call Resident #1 lazy or an addict, did not tell him/her that he/she should do more for him/herself or tell him/her that he/she belonged in an Assisted Living.</p> <p>Although Nurse #1 said that she never told Resident #1 that he/she was lazy, an addict, was capable of doing more for him/herself or belonged in an Assisted Living, her statement seems suspect given Resident #1's consistent statements about Nurse #1 to multiple staff members, the Surveyor and CNA #1's corroborating observation of Nurse #1's disrespectful interaction with Resident #1 around 7:00 A.M. on 4/08/24.</p> <p>On 5/06/24, the Facility was found to be in Past Noncompliance and presented the Surveyor with a plan of correction that addressed the area(s) of concern as evidenced by:</p> <p>A) On 4/08/24, the Social Worker assessed Resident #1 for trauma related to the alleged incident and developed a care plan for psychosocial support as needed.</p> <p>B) On 4/08/24, Nurse #1 was suspended pending the outcome of the Facility investigation and, as of 5/06/24, Nurse #1's termination was pending her response to the Facility's telephone calls.</p> <p>C) On 4/12/24, the Social Worker conducted an internal audit of current residents by interviewing them regarding any instances of abuse with no further concerns identified.</p> <p>D) Between 4/08/24 and 4/12/24, the Director of Clinical Operations/designees trained all staff on policies concerning abuse, neglect and exploitation and investigations.</p> <p>E) Starting 4/12/24, the Social Worker/designee will conduct random, observation audits of staff/resident interactions an all units weekly for one month and monthly for two months.</p> <p>F) The results of all audits will be reviewed at the Monthly QAPI Meeting for three consecutive months or until the QA committee determines the concern resolved.</p> <p>G) The Administrator/designee is responsible for overall compliance.</p> | | |