

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2026
NAME OF PROVIDER OR SUPPLIER The Guardian Center		STREET ADDRESS, CITY, STATE, ZIP CODE 888 North Main Street Brockton, MA 02301	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on records reviewed and interviews for one of three sampled residents (Resident #1), who had an activated Health Care Proxy (HCP), the Facility failed to ensure that nursing staff promptly notified his/her Health Care Agent (HCA) when he/she experienced a significant change in status, related to the development of Moisture-Associated Skin Damage (MASD) to his/her buttocks. Findings include: Review of Facility Policy titled Change in a Resident's Condition or Status, dated as revised February 2021, indicated that the Facility promptly notifies the resident, his/her attending physician and the resident's representative of changes in the residents' medical/mental conditions and/or status. Resident #1 was admitted to the Facility in February 2025, diagnoses included Parkinson's disease, Dementia, and Type II Diabetes Mellitus. Review of Resident #1's Physician's Progress Note to Activate Health Care Proxy Form, dated 02/17/25, indicated his/her Health Care Proxy had been activated. Review of Resident #1's Annual Minimum Data Set (MDS) Assessment, dated 02/12/26, indicated he/she scored a 2 out of 15 on his/her Brief Interview for Mental Status (BIMS) (13-15 cognitively intact, 8-12 moderate cognitive impairment and 0-7 severe cognitive impairment), indicating he/she had severe cognitive impairment. During a telephone interview on 06/08/26 at 1:35 P.M., Family Member #1 (HCA) said that on 03/14/26 she went to visit Resident #1 and that when she entered his/her room there was a Certified Nurse Aide (CNA) providing incontinence care to him/her. Family Member #1 said that she had observed purple red discolored open areas to his/her buttocks and found out the areas were being treated with Triad cream, which was a new order. Family Member #1 said she was not notified when Resident #1 had initially developed the areas on his/her buttocks and that she did not know when the order for the Triad cream had started because she was never notified. Review of Resident #1's Interim Skin Assessment, dated 03/02/26, indicated he/she had MASD to his/her buttocks and the Wound Team was notified. Review of Resident #1's Physician's Orders, dated 03/02/26, indicated to apply Triad Hydrophilic cream (used for wound care to manage light to moderate moisture) to his/her buttocks every shift for MASD. During a telephone interview on 06/18/26 at 11:46 A.M., Nurse #6 said on 03/02/26 she notified the Nurse Practitioner (NP) that Resident #1 had developed reddened areas on his/her buttocks related to MASD and that she obtained a new treatment order for Triad cream from the NP. Nurse #6 said she believed she had informed Resident #1's HCA of his/her new skin areas and treatment order and said she would have documented it in his/her progress notes but could not remember. Nurse #6 said that nurses are supposed to notify a Resident's HCA of any change in their condition and that it is documented in a progress note. Review of Resident #1's medical record including his/her nurse progress notes, indicated there was no documentation to support that on 03/02/26 Nurse #6 had notified Resident #1's HCA that he/she had developed new skin areas on his/her buttocks and that a new treatment order was obtained. During an interview on 06/10/26 at 4:10 P.M., the Director of Nursing (DON) said she did not recall that Resident #1 had developed MASD on his/her buttocks in early March 2026. The DON said after reviewing Resident #1's medical record an interim skin assessment was completed on 03/02/26, the NP was notified and that a treatment order had been obtained. The DON said she also observed during the record review that there was no documentation in Resident #1's medical record (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that Nurse #6 had notified his/her HCA on 03/02/26 that he/she had new skin areas and a new order for triad cream. The DON said it is her expectation that nurses notify a resident's HCA of any significant change, any new order and that they document it in the resident's medical record.		