

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Center for Extended Care at Amherst		STREET ADDRESS, CITY, STATE, ZIP CODE  150 University Drive Amherst, MA 01002	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>37227</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1) who required staff assistance with ambulation and was usually continent, the Facility failed to ensure staff implemented and followed their Abuse Policy related to the need to immediately report an allegation of abuse to the Administrator and/or designee, when on 03/14/24 at approximately 5:00 A.M., Resident #1 reported to the Nurse Supervisor that a Certified Nurse Aide (later identified as CNA #1) told him/her that he/she was not allowed to get out of bed to use the bathroom until the morning. Although the Nurse Supervisor was made aware of the allegation, Facility Administration was not made aware of the incident until 9:30 A.M. (over four hours later), when the Director of Nurses (DON) discovered a progress note about the allegation, and subsequently CNA #1 also worked through to the end of the shift, for a minimum of two more hours, therefore placing other residents at risk for abuse/neglect.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Abuse, Neglect, Exploitation and Misappropriation - Reporting and Investigating, dated as revised September 2022, indicated all reports of abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management.</p> <p>Further review of the Policy indicated if resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator, Director of Nursing and to other officials according to state law. The Policy indicated the administrator ensures that the resident and the person (s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility. The Policy indicated any employee who has been accused or resident abuse is placed on leave with no resident contact until the investigation is complete.</p> <p>Review of the Facility Policy titled Abuse, Neglect and Exploitation, dated as revised 01/11/23, indicated abuse includes the deprivation by an individual, including a caretaker, of goods and services that are necessary to attain or maintain physical, mental, and psychosocial well-being. The Policy indicated that when a suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur, an investigation is immediately warranted. Once the resident is is cared for and initial reporting has occurred, an investigation should be conducted.</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:  225420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Center for Extended Care at Amherst		STREET ADDRESS, CITY, STATE, ZIP CODE  150 University Drive Amherst, MA 01002	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Facility's Investigation Narrative, undated, indicated that during a review of clinical notes during the Facility's morning meeting on 03/14/24, it was noted that Resident #1 told the Nurse Supervisor during the overnight shift, that he/she had a terrible night because someone told him/her that he/she could not get out of bed and use the bathroom until the morning. The Narrative indicated the Social Worker interviewed Resident #1 who further alleged that the staff member pushed him/her back into bed.</p> <p>Resident #1 was admitted to the Facility in March 2024, diagnoses included left artificial knee and difficulty walking.</p> <p>Resident #1's Annual Minimum Data Set (MDS) Assessment, dated 03/05/24, indicated Resident #1 was cognitively intact with a score of 15 out of 15 on the Brief Interview for Mental Status (BIMS, scores indicate: 0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, and 13-15 cognitively intact). Further review of the MDS indicated Resident #1 was always continent of urine and required partial/moderate assistance from staff for mobility and activities of daily living (ADLs).</p> <p>Review of Resident #1's Nurse Progress Note (written by the Nurse Supervisor), dated 03/14/24 and time stamped 7:28 A.M., indicated that Resident #1 complained that he/she had a horrible night because someone told him/her that he/she could not get out of bed to use the bathroom until morning.</p> <p>During a telephone interview on 04/24/24 at 12:22 P.M., the Nurse Supervisor said that when he checked Resident #1's vital signs on 03/14/24 at approximately 5:00 A.M., Resident #1 appeared anxious, upset, and slightly confused. The Nurse Supervisor said that Resident #1 told him that a CNA (identified as CNA #1) on the overnight shift told him/her that he/she was not allowed to get out of bed to use the bathroom until morning.</p> <p>The Nurse Supervisor said he documented Resident #1's allegation in his/her medical record, but said he did not report the allegation to Facility Administration.</p> <p>During an interview on 04/24/24 at 1:07 P.M., the Director of Nurses (DON) said that on the morning of 03/14/24, at approximately 9:30 A.M., she discovered a progress note in Resident #1's Medical Record that indicated he/she told the Nurse Supervisor that a staff member refused to assist him/her to the bathroom during the overnight shift and had said he/she had to wait until morning. The DON said that Resident #1 had urine-soaked clothing and bedding that morning, which was unusual because he/she did not have a history of urinary incontinence.</p> <p>The DON said that the Nurse Supervisor had not immediately reported the allegation to Facility Administration as required, therefore, the accused (CNA #1) was allowed to work the remainder of her shift, placing other residents at risk for abuse.</p>		