| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 225421 | A. Building<br>B. Wing | 06/25/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Ayer Valley Rehab and Nursing | 400 Groton Road<br>Ayer, MA 01432 |

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) |
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| F 0850<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Hire a qualified full-time social worker in a facility with more than 120 beds.<br><br>Based on observation, records reviewed, and interviews, the facility which is licensed for a total of 123 beds, and admits residents with psychosocial care needs associated with, but are not limited to, mental illness, substance use disorder and behavioral issues, failed to ensure that they employed a full-time qualified Social Worker (SW), from 5/28/26 after terminating their SW, up to and including the dates of survey, to adequately meet and provide the necessary and appropriate services for each residents individual psychosocial care needs. therefore, placing their current resident census of 99 residents, at risk for unmet psychosocial care needs due to the lack of having a qualified SW in place, as required.Findings include:Review of the Facility Policy Titled Social Services-Behavioral Health Services- Including Substance Abuse, dated as revised 02/05/25, indicated all residents receive the necessary behavioral health care and services, including substance abuse services, to attain or maintain the highest practicable physical, mental, and psychological well-being, in accordance with the comprehensive assessment and plan of care. The Policy further indicated that Social Services should serve as the Facility's contact person for questions regarding behavioral services provided by the Facility and outside sources.Review of the Facility's Resident Census, dated 06/23/26, indicated that 99 of the Facility's 123 licensed beds were occupied.Review of a Resident Responses Analyzer Report, dated 06/25/26, indicated that among the Facility's 99 residents, five had a diagnosis of substance use disorder and 81 had one or more mental health diagnoses.Review of Social Worker #1's Employee File indicated she was suspended on 05/28/26, during an investigation into an abuse allegation and her employment was terminated on 06/03/26.Review of the Social Worker Assistant's Employee File indicated she worked full-time at the facility; however, she was not licensed, did not possess a bachelor's degree in any of the acceptable fields identified in the federal regulations and, therefore, did not meet the qualifications to fulfil the requirements as a full-time qualified social worker.On 06/23/26 at 2:15 P.M., the surveyor observed and heard the Social Worker Assistant discussing advanced directives with a resident's family member. The surveyor heard the Social Worker Assistant tell the family member that she would follow up with the resident to determine whether the resident had changed his/her mind regarding their code status (resuscitation preferences).During an interview on 06/23/26 at 2:21 P.M., the Social Worker Assistant said she has been working full-time at the Facility since January 2025. The Social Worker Assistant said that her responsibilities included but were not limited to arranging services for residents' discharges, writing progress notes in residents' medical records, sending discharge/transfer and room change notices, documenting discharge instructions and submitting referrals for community-based services. The Social Service Assistant said she did not have oversight from a social worker and that she was the only social service staff member employed by the Facility since the departure of SW #1. The Social Worker Assistant further said there were no qualified social workers employed by the Facility and that the Facility did not contract with any outside social service providers. During an interview on 06/23/26 at 3:37 P.M., the Administrator said the Facility had not employed a full-time qualified social worker since 05/28/26, when their full-time social worker (SW #1) was suspended. The Administrator said that SW #1's employment was terminated following her suspension. The Administrator further said that the Facility did not have an agreement with any outside social service providers to provide social services during the vacancy. |

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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