STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225472	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jeffrey & Susan Brudnick Center for Living	240 Lynnfield Street Peabody, MA 01960

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure staff donned appropriate personal protective equipment (PPE) for one Resident, (#123), out of a total of 25 sampled Residents. Specifically, the facility failed to ensure Certified Nursing Assistants (CNAs) donned gowns and gloves while providing care to Resident #123, who was on enhanced barrier precautions related to a catheter. Findings include:Review of the facility's policy title Enhanced Barrier Precautions, undated, indicated: Enhanced Barrier Precautions (EBP) shall be used when caring for residents during high contact care activities for residents with an infection nor colonization with a Centers for Disease Control (CDC) targeted multidrug-resistant organisms (MDRO) when Contact Precautions do not otherwise apply; or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with MDRO. - PPE is necessary for Enhanced Barrier Precautions include gown and gloves. - For residents for whom EBP are indicated, EHP is employed when performing the following high-contact activities: Transferring - In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms where contact is anticipated to be shorter in duration; Providing hygiene, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator. Resident #123 was admitted to the facility in February 2023 with diagnoses including dementia and uninhibited neuropathic bladder. Review of the Minimum Data Set Assessment (MDS) dated [DATE], indicated he/she was unable to participate in the Brief Interview for Mental Status exam and staff assessed him/her to have memory issues. The MDS also indicated Resident #123 had an indwelling catheter. On 4/7/26 at approximately 7:40 A.M. the surveyor observed a sign outside of Resident #123's door indicating he/she is on EBP. The surveyor observed a catheter drainage bag in a privacy bag hanging off of Resident #123's bed. Review of Resident #123's physicians orders indicated: Maintain enhanced barrier precautions related to foley catheter, dated 8/26/24. On 4/7/26 at 8:52 A.M., the surveyor observed CNA #2 and CNA #3 in Resident #123's room, providing morning care and getting ready to transfer Resident #123 out of bed via a mechanical lift. CNA #2 and CNA #3 were not wearing gloves or a gowns per the EBP signage. On 4/7/26 at 1:37 P.M., the surveyor observed Resident #123 being brought into his/her room by a CNA #3. The surveyor observed CNA #3 draining Resident #123's catheter drainage bag wearing a mask and gloves, but no gown as indicated in the EBP signage. During an interview on 4/8/26 at 7:58 A.M., CNA #2 said that staff need to wear PPE when providing care to residents on enhanced barrier precautions. During an interview on 4/8/26 at 8:05 A.M., Unit Manager #2 said that CNAs should be wearing gowns while providing care to residents on enhanced barrier precautions.During an interview on 4/8/26 at 8:48 A.M., the Director of Nursing (DON) said that staff should wear gowns while providing care to residents on enhanced barrier precautions.

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