

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225511	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Regalcare at Lowell		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Princeton Boulevard Lowell, MA 01851	

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 - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on record review and interviews, for one of three sampled Personnel Files (Occupational Therapist #1), the Facility failed to ensure they implemented and followed their abuse prohibition procedures as defined in their policy when a Massachusetts Nurse Aide Registry background check was not conducted prior to hire. Findings include: Review of the Facility's Policy titled Abuse Screening, dated March 2022, indicated all potential employees will be screened to rule out a history of abuse, neglect or mistreating residents which includes attempting to obtain information by checking with appropriate licensing registries. The Policy indicated the Nurse Aide Registry is checked prior to employment for all facility employees. Review of Occupational Therapist (OT) #1's Personnel File indicated she was hired on 05/20/24. There was no documentation to support that the facility had conducted a Massachusetts Nurse Aide Registry background check on OT #1 before hire. During a telephone interview on 02/09/26 at 2:45 P.M., the Director of Nurses (DON) said OT #1 was a contracted employee. The DON said it was determined that a Massachusetts Nurse Aide Registry background check had not been conducted per the facility contract prior to hire, as agreed upon. The DON said per Facility Policy, all employees, irregardless of their position were to have a Massachusetts Nurse Aide Registry background check prior to hire.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 225511	If continuation sheet Page 1 of 1