

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Beaumont Rehab & Skilled Nursing Ctr - Northboro		STREET ADDRESS, CITY, STATE, ZIP CODE 238 West Main Street Northborough, MA 01532	

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>48138</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to ensure that staff implemented and followed their abuse policy, when on 7/22/24 an Activity Aide (AA) witnessed another staff member interact with and handle Resident #1 in a potentially abusive manner, however the AA did not immediately report the incident as required, and Administrative staff did not become aware of the incident until the following day (7/23/24) when a visitor, who was also present during the incident reported it to the facility.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Abuse Prevention and Prohibition, dated as revised 04/01/2019, indicated the Facility assured an environment free of abuse, neglect, mistreatment, and misappropriation of resident property. The Policy indicated that staff who witness or have knowledge of abuse, mistreatment, neglect, misappropriation of resident property or exploitation are required to report it immediately to the nursing supervisor.</p> <p>Resident #1 was admitted to the Facility in August 2023, diagnoses included Neurocognitive Disorder, Lewy Bodies Dementia, and Parkinson's disease.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 05/15/24, indicated he/she scored a 3 out of 15 on his/her Brief Interview for Mental Status (BIMS) Assessment (0-7 suggests severe cognitive impairment, 8-12 suggests moderately impaired cognition, and 12-15 suggests a resident is cognitively intact. Further review of the MDS Assessment, indicated Resident #1 required substantial to maximal assistance of one staff member for transfers and ambulation.</p> <p>Review of Resident #1's Activities of Daily Living (ADL) Care Plan, reviewed and renewed with his/her May 2024 Quarterly MDS Assessment, indicated he/she required partial to moderate assistance of one staff member for sit to stand and required reminders to stay seated in the activity room.</p> <p>Review of Resident #1's Cognitive Loss/Dementia Care Plan, reviewed and renewed with his/her May 2024 Quarterly MDS Assessment, indicated staff would anticipate and meet his/her needs when he/she was unable to communicate them.</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
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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS) dated as submitted on 7/23/24 indicated that on 07/22/24 at approximately 4:30 P.M., a Family Member of another Resident witnessed CNA #1 in the activity room being rough with Resident #1 and said the Activity Aide also witnessed the event. Per the Report, the Family Member reported the incident the following day on 7/23/24.</p> <p>Further review of the Report indicated the Activity Aide witnessed Resident #1 in the activity room, attempting to stand and that CNA#1 pushed down on his/her shoulders in a rough manner. The Report indicated that an investigation was initiated on 7/23/24 as soon as it was reported, CNA #1 was interviewed, denied the allegations, and was suspended pending further investigation and ultimately terminated.</p> <p>During an interview on 08/29/24 at 1:25 P.M., the Activity Aide said on 7/22/24 at approximately 4:30 P.M., she witnessed CNA# 1 push Resident # 1 on his/her bilateral shoulders down onto the chair in a rough manner when he/she stood up in the activity room. The Activity Aide said she did not report the incident until 7/23/24, but said she should have reported it immediately to a nursing supervisor.</p> <p>During an interview on 08/29/24 at 1:01 P.M., the Director of Nurses (DON) said that on 7/23/24 at approximately 2:30 P.M., a Family Member attending the care plan meeting of another Resident reported she witnessed a CNA being rough with Resident #1 and that an Activity Aide was also present and witnessed the event. The DON said that on 07/23/24, after the Family Member report, she began an investigation into the allegation of abuse and reported the allegation of abuse to the Department of Public Health (DPH) as required.</p> <p>The DON said that the allegation of abuse should have been reported by the Activity Aide immediately to Administration on 7/22/24 and that education on the abuse policy and timely reporting had been conducted with all staff.</p>		