STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225544	A. Building B. Wing	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wingate at Silver Lake	17 Chipman Way Kingston, MA 02364

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. 15203 Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was alert, oriented and frequently incontinent, the Facility failed to ensure he/she was treated in a dignified and respectful manner, when at 4:00 P.M. on 8/28/24, Certified Nurse Aide (CNA) #1 approached Resident #1 after an episode of incontinence and used degrading and insulting language while interacting with him/her. Findings include: Review of the Facility Resident Rights Policy, most recently revised 1/01, indicated the Facility must promote and protect the rights of residents. Review of Resident #1's clinical record indicated that he/she was admitted to the Facility during June 2023 and his/her diagnosis included dementia, depression and anxiety. Review of Resident #1's most recent Minimum Data Set (MDS) Assessment, dated 8/28/24, indicated his/her cognitive patterns were moderately impaired and he/she was frequently incontinent of bowel and bladder. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 8/28/24, indicated that the Unit Manager heard CNA #1 swearing at Resident #1 that's shit, you shit on the floor! During an interview on 10/07/24 at 1:35 P.M., the Unit Manager said that on 8/28/24 she walked into Resident #1's room and found CNA #1 at Resident #1's bedside. The Unit Manager said she heard CNA #1 tell Resident #1 you shit, that's shit all over you in a demeaning and reprimanding tone of voice. The Unit Manager said that she immediately instructed CNA #1 to leave Resident #1's room. During an interview on 10/07/24 at 1:55 P.M., Resident #1 said that although he/she recalled having an incident with CNA #1 on 8/28/24, said he/she did not recall the specific inappropriate comment CNA #1 made. Resident #1 said that he/she wrote a statement at the time of the alleged incident. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Written Witness Statement, dated 8/28/24, indicated he/she was incontinent on the floor in his/her room and CNA #1 stated look that's shit on the floor! The Witness Statement indicated CNA #1 made a disgusted face and left Resident #1's room. The Witness Statement indicated Resident #1 felt ashamed of his/herself. During a telephone interview on 10/10/24 at 11:00 A.M., CNA #1 said that she entered Resident #1's room on 8/28/24 and saw something on the floor that she could not identify. CNA #1 said that she asked Resident #1 what was on the floor and said to him/her what is it, shit? During an interview on 10/07/24 at 1:10 P.M., the Assistant Director of Nursing (ADON) said that on 8/28/24 the Unit Manager reported that she heard CNA #1 yell and swear at Resident #1. The ADON said that CNA #1 was immediately suspended due to the report that she failed to interact with Resident #1 in a dignified and respectful manner and an investigation initiated.