

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225622	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/15/2025
NAME OF PROVIDER OR SUPPLIER  Nemasket Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  314 Marion Road Middleborough, MA 02346	
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 records reviewed and interviews, for one of three sampled Employee Files, (Agency Nurse #1) the Facility failed to ensure they implemented and followed their Abuse Policy when a Criminal Offender Registry Information (CORI) check was not conducted on Agency Nurse #1 prior to her first date of employment at the Facility as required, and in accordance with the Facility's Abuse Policy. Findings include: Review of the Facility's Policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated as revised April 2021, indicated that the Facility would conduct employee criminal background checks and not knowingly employ or otherwise engage any individual who has been found guilty of abuse, neglect, misappropriation of property, or mistreatment by a court of law. Review of Agency Nurse #1's Employee File indicated there was no documentation to support that a CORI check had been conducted prior to the first day she worked at the Facility (05/26/25). During an interview 07/15/25 at 2:36 P.M, at the Administrator said that all employees must have a CORI check conducted prior to working at the Facility. The Administrator said that she could not provide documentation to support that a CORI check had been conducted on Agency Nurse #1.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had moderate cognitive impairment and was dependent on staff to meet his/her care needs, the Facility failed to ensure that on 05/27/25, after being made aware of an allegation that he/she had been physically abused by a staff member, that they obtained and maintained evidence that a thorough investigation into the allegation had been completed as required, and in accordance with the Facility's Abuse Policy. Findings include: Review of the Facility's Policy titled, Abuse, Neglect, Exploitation and Misappropriation-Reporting and Investigating, dated as revised September 2022, indicated that all allegations are thoroughly investigated. Resident #1 was admitted to the Facility in July 2013, diagnoses included brain hemorrhage, psychotic disorder with hallucinations, and anxiety disorder. Resident #1's Annual Minimum Data Set (MDS) Assessment, dated 03/18/25, indicated that he/she had moderate cognitive impairment and was dependent on staff to meet his/her care needs. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted 05/27/25, indicated that Resident #1 reported that on 05/26/25, Agency Nurse #1 hit him/her. Review of the Facility's Internal Investigation Summary Report, undated, indicated that on 05/27/25 Resident #1 reported that during the previous night shift (that began on 05/26/25 and ended on 05/27/25), Agency Nurse #1 hit his/her leg and face. Review of the Facility's Internal Investigation File indicated there was no documentation to support that Agency Nurse #1 (accused) or other staff members (potential witnesses) working on Resident #1's unit during the time that the alleged abuse incident occurred, were interviewed or provided written witness statements. During an interview on 07/17/25 at 11:35 A.M., Agency Nurse #1 said she had never been notified by the Facility or her Agency that she had been accused of abuse. Agency Nurse #1 said she had not been interviewed by the Facility or asked to write a witness statement regarding the allegation against her. During an interview on 07/15/25 at 2:36 P.M., the Administrator said she could not provide documentation to support that the accused (Agency Nurse #1) and/or other staff members working on Resident #1's unit during the time the allegation was made, had been interviewed or provided written witness statements.</p>		