

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER Benjamin Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Fisher Avenue Boston, MA 02120	

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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations, records reviewed, and interviews, for one of three resident units (2-West Unit), which had a resident census of 27, nine of whom were identified to be at risk for elopement, the Facility failed to ensure they maintained a safe and functional environment for residents, staff, and visitors, when the alarm on the stairwell fire door malfunctioned, the alarm was removed, and then a staff member zip tied the fire door closed, preventing the door from opening in case of an emergency for seven days from 06/18/2025 through 06/24/2025. The Facility also failed to ensure that multiple fire doors throughout the facility had functioning alarms, that a fire door self-closed once opened, and that staff monitored malfunctioning alarmed doors for resident safety.</p> <p>Findings include:</p> <p>The Facility's Protocol, titled, Fire Safety Plan, undated, indicated the Facility would establish a clear and effective response plan for fire emergencies that ensured the safety of all residents, staff, and visitors, and staff would ensure all egress paths were unobstructed.</p> <p>The Facility's Policy, titled Incidents, dated as revised in 2011, indicated the Facility would provide a safe and comfortable environment for their residents.</p> <p>The Facility's Policy, titled Safety and Supervision of Residents, dated July 2017, indicated the Facility would maintain an environment as free from accident hazards as possible, employees would identify and report accident hazards, and the Facility would remove the hazards to the extent possible.</p> <p>Review of the Health Care Facility Reporting System (CFR) report, dated 06/24/25, indicated that during a Department of Public Health (PH) licensure monitoring visit of the Facility, it was observed that the 2-West Unit Fire Door was secured closed by zip ties.</p> <p>On 06/25/25 at 08:32 A.M., the Surveyor and the Maintenance Director observed the 2-West Unit Fire Door. The door was observed to be a double door that opened into a stairwell, and there was a crash bar on the left side door and a locking doorknob on the right side. The Surveyor was able to open the door without an alarm sounding.</p> <p>Review of the posted signs on the 2-West Unit Fire Door indicated, This is a Fire Door Do Not Block, Fire Door Keep Closed, and EXIT.</p> <p>A lit EXIT sign was secured to the ceiling directly above the 2-West Unit Fire Door.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER Benjamin Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Fisher Avenue Boston, MA 02120	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/25/25 at 03:09 P.M., Nurse #1 said that on 06/18/25 she reported to work at 03:00 P.M., and said that Nurse #2 told her that the alarm on the 2-West Unit Fire Door was malfunctioning. Nurse #1 said she notified Security and the Maintenance Director and said that the Maintenance Director removed the alarm from the door and left the unit. Nurse #1 said that Security Guard #1 later returned and secured the door using zip ties. Nurse #1 said she did not notify the Director of Nurses or Administrator about the zip ties.</p> <p>During an interview on 06/25/25 at 11:21 A.M., the Maintenance Director said that on 06/18/25 at 03:30 P.M., the door alarm on the 2-West Unit Fire Door was malfunctioning, said he could not fix it, so he removed it. The Maintenance Director said he was unsure when the zip ties were placed on the door, and said they were removed when the locksmith installed the new locking knob on 06/24/25. However, the alarm on the door remained broken.</p> <p>During a telephone interview on 06/25/25 at 12:29 P.M., Security Guard #1 said that on 06/18/25 at 02:00 P.M., nursing asked him to help stop the alarm from sounding at the 2-West Unit Fire Door. Security Guard #1 said while he was trying to turn off the alarm, after a resident attempted to go through the door, the key broke, said he contacted the Maintenance Director, who removed the alarm from the door.</p> <p>Security Guard #1 said on 06/18/2025, between 4:00 P.M. and 05:00 P.M., the Maintenance Director handed him zip ties and instructed him to secure the door with them, said he looped some of the zip ties together and slid them under the bar on the left door and around the doorknob on the right door, and then left the unit. Security Guard #1 said he told nursing staff that he was concerned that the door was not safe.</p> <p>During an interview on 06/25/25 at 01:20 P.M., Certified Nurse Aide (CNA) #2 said that on 06/18/25 the door alarm on the 2-West Unit Fire Door was malfunctioning and said the Maintenance Director was called to fix it. CNA #2 said that when she returned to work on 06/19/25 she saw that the alarm was missing from the door and the doors were held closed with zip ties, said she thought it was unsafe. CNA #2 said she did not report it to the Director of Nurses or the Administrator.</p> <p>During an interview on 06/25/25 at 10:11 A.M., the Human Resources (HR) Manager said that on 06/24/25 at 11:30 A.M., she was told by the Director of Nurses (DON) that the 2-West Unit Fire Door was secured closed with zip ties. The HR Manager said the zip ties were removed some time after she left at 05:30 P.M. on 06/24/25.</p> <p>The HR Manager showed the Surveyor an electronic photograph on her personal mobile device and said that she took the photograph on 06/24/25 before the zip ties were removed.</p> <p>Review of the electronic photograph viewed on the Human Resources (HR) Manager's personal mobile device indicated the 2-West Unit Fire Door was held together with four black zip ties that were chained together and looped through the crash bar on the left door and around the doorknob on the right door.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER Benjamin Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Fisher Avenue Boston, MA 02120	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/25/25 at 12:38 P.M., the Facility's appointed Receiver said that he was not aware that the 2-West Unit Fire Door was secured with zip ties until the morning of 06/25/25, when the Administrator called him. The Receiver said it was a safety issue and an emergency situation that the door was secured with zip ties, and said that never should have happened. The Receiver said the Facility did not have a system in place to track communication between the Maintenance department and other departments regarding repair requests and completion of repairs.</p> <p>During an interview on 06/25/25 at 10:51 A.M., the Director of Nurses (DON) said that on 06/18/25 she was aware that the Maintenance Director was asked by nursing to fix the alarm on the 2-West Unit Fire Door, and said the Maintenance Director later said the door was all set. The DON said she was in the Facility on 06/20/25 and 06/23/25 and was not notified by anyone that the 2-West Unit Fire Door was held shut with zip ties until sometime in the evening 06/24/25, when the locksmith conducted repairs on the door. The DON said the fire egress doors should never be impeded, as it is unsafe.</p> <p>During an interview on 06/25/25 at 08:47 A.M., The Administrator said she was not aware that the 2-West Unit Fire Door was secured closed with zip ties until 06/24/25 at 02:30 P.M., when the Director of the Division of Health Care Facilities Licensure and Certification at the Department of Public Health emailed her. The Administrator said it was unsafe for the door to be secured closed with zip ties.</p> <p>On 07/01/2025 at 09:09 A.M., the Surveyors observed the following:</p> <ul style="list-style-type: none"> - The 1-West Fire Door, that the alarm was not on and functioning and that the door, once opened, was not able to self-close. - The [NAME] Ground Floor Fire Door at the bottom of the interior stairwell, 1-East Fire Door, and the Central Staircase Fire Door on the 2nd Floor, that the alarms were not on and functioning. <p>On 07/01/2025, the Surveyors also observed on 5 separate occasions, at 09:42 A.M., 11:50 A.M., 12:45 P.M., 12:51 P.M., and 02:53 P.M. through 03:00 P.M., that the surveillance security cameras were not being continuously monitored by a staff member.</p> <p>During an interview on 07/01/2025 at 09:44 A.M., the Administrator said that the 1-West Fire Door, [NAME] Ground Floor Fire Door, 1-East Fire Door, and the Central Staircase Fire Door, that the alarms should be on and functioning, and that the 1-West Fire Door should be functional and close properly. The Administrator also said that it was her expectation that the surveillance security cameras would be monitored by a staff member 24 hrs/7 days a week continuously.</p>		