

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225662	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2024
NAME OF PROVIDER OR SUPPLIER Harbor House Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11 Condito Road Hingham, MA 02043	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15203</p> <p>Based on interviews and records reviewed, for one of three sampled residents (Residents #1), who had moderate cognitive impairment, the Facility failed to ensure they developed and implemented an Abuse Prohibition Policy that included written procedures for staff to follow related to the need to immediately report, and to whom, allegations of abuse when, on 11/08/24 at around 1:00 A.M., Resident #1 came to the nurses station with a skin tear and told Nurse #1 that someone named [NAME] stabbed him/her with a box cutter and Nurse #1 did not immediately report the allegation to the Director of Nursing or Administrator, and as a result, they were not made aware of the allegation until about 8 hours later, when the Director of Nursing reviewed Nurse #1's written Incident Report regarding Resident #1's injury.</p> <p>Findings include:</p> <p>Review of the Facility Abuse Policies titled Identification and Reporting Allegations, Prevention of Resident Abuse and Neglect and Investigation Guidelines, last reviewed by the Facility during 9/2023, indicated that all staff members are mandated to report incidents of suspected abuse or neglect to their immediate supervisor, nursing supervisor, Director of Nursing or Administrator.</p> <p>During an interview on 12/02/24 at 1:54 P.M., the Director of Nursing said that the Facility Abuse Policies indicated that staff members should report incidents of suspected abuse to their immediate supervisor, however, the Policies did not indicate that reports of alleged abuse should be made immediately.</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 11/08/24, indicated that around 1:33 A.M. on 11/08/24, staff members observed Resident #1 in the hallway walking toward the nurses station bleeding from the right forearm. The Report indicated that the nurse observed that Resident #1 had a skin tear and when the nurse asked Resident #1 what happened, he/she stated he/she got into a fight with [NAME] and that [NAME] had a box cutter.</p> <p>Resident #1's clinical record indicated he/she was admitted to the Facility during February of 2024 and his/her diagnosis included unspecified dementia, psychotic disturbance, mood disturbance and anxiety.</p> <p>Review of Resident #1's Minimum Data Set (MDS) Assessment, dated 8/29/24 indicated that his/her cognitive patterns were moderately impaired.</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>During an interview on 12/02/24 at 10:30 A.M., Nurse #1 said that on 11/08/24 around 1:00 A.M., Resident #1 came to the nurses station with Certified Nurse Aide (CNA) #1 and showed her a skin tear on his/her right forearm.</p> <p>Review of the One Time Skin Check Form, dated 11/08/24, indicated Resident #1 had a 2.5 centimeter (cm) by .25 cm skin tear on his/her right posterior forearm.</p> <p>Nurse #1 said that when she asked Resident #1 what happened, he/she said that he/she got in a fight with [NAME] and [NAME] had a box cutter.</p> <p>Nurse #1 said that there were no residents or staff members on the Unit at the time of Resident #1's report named [NAME] and she did not know to whom Resident #1 was referring.</p> <p>Nurse #1 said that there had been no residents in the hallways before Resident #1 exited his/her room and reported the skin tear and Resident #2 (his/her roommate) was bed bound and unable to get up out of bed on his/her own.</p> <p>During an interview on 12/02/24 at 12:50 P.M., the Director of Nursing said that around 8:00 A.M. on 11/08/24, she made rounds of the Facility and saw that Nurse #1 was completing an Incident Report regarding a skin tear found on Resident #1's forearm during the 11:00 P.M. to 7:00 A.M. shift. The Director of Nursing said that later on during the morning, she reviewed Nurse #1's Incident Report regarding Resident #1's skin tear and said that Nurse #1 should have immediately reported Resident #1's allegation.</p> <p>The Director of Nursing said that when she became aware of the alleged incident more than 8 hours later, she reported it to the Administrator and initiated an investigation.</p>