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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225667 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>05/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Pleasant Bay of Brewster Rehab Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>383 South Orleans Road<br>Brewster, MA 02631 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>37183</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the Facility failed to ensure that after an administrative staff member (Director of Nurses #1) was made aware on 4/08/24 that Resident #1 was found with an injury of unknown origin (facial bruising), that it was reported to the Department of Public Health (DPH) within two hours, as required, when it was not reported to the DPH until 4/09/24, the following day.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Abuse, with a revision date of October 2022, indicated the Facility prohibits the mistreatment, neglect, and abuse of residents by anyone. The Policy indicated the following:</p> <ul style="list-style-type: none"> <li>-all alleged violations involving abuse, neglect, exploitation, and/or misappropriation of resident property will be thoroughly investigated by the facility under the direction of the Administrator and in accordance with state and federal law;</li> <li>-the facility will thoroughly investigate, under the direction of the Administrator, all injuries of unknown source to determine if abuse or neglect was involved;</li> <li>-an injury will be classified as an Injury of Unknown Source when both of the following conditions are met: source of the injury was not observed by any person or the source of the injury could not be explained by the resident and the injury is suspicious because of the extent of the injury or location of the injury (e.g. the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.</li> <li>-the shift supervisor/charge nurse is identified as responsible for immediate initiation of the reporting process upon receipt of the allegation;</li> <li>-the supervisor who initially received the report must inform the Administrator/Director of Nursing immediately and initiate gathering requested information;</li> <li>-once an allegation of abuse has been made, the Administrator/Director of Nurses must be informed immediately;</li> </ul> <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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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>-an investigation must be directed by the Administrator or designee immediately;</p> <p>-notify the appropriate State Agency immediately (no later than 2 hours after allegation/identification of allegation) by Agency's designated process after identification of alleged/suspected incident.</p> <p>Resident #1 was admitted to the Facility in August 2022, diagnoses included unspecified dementia, major depressive disorder, anxiety, hypertension, and unspecified psychosis.</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted on 04/09/24, indicated that on 4/08/24, Resident #1 was found to have a bruise [injury to facial area with swelling], the bruise was reported to a supervisor today [4/08/24] and an investigation was initiated. The Report indicated that on 4/09/24, it was reported to the Administrator that the resident had a mark on his/her face, and it was unclear if it was a bruise or rash. The Report indicated that Resident #1's swelling went away, however, the mark remained, and it was unclear as to the etiology of the redness on Resident #1's face. The Report indicated that the Physician documented that Resident #1's face appeared to be swollen, with a rash or petechia (small red or purple spot that can appear on the skin which is caused by hemorrhage of capillaries) present. The Report indicated that the facility was unable to substantiate abuse at the time, as it was unclear if the marks on Resident #1's face were in fact bruises, a rash or part of the dying process.</p> <p>Review of a Nurse Progress Note, dated 04/08/24 at 3:53 P.M., written by the Unit Manager, indicated that Resident #1's daughter was very upset regarding the discoloration to Resident #1's face and lips. The Note indicated that Director of Nurses (DON) #1 was notified.</p> <p>During an interview on 5/21/24 at 12:20 P.M., the Unit Manager said that on 04/08/24 during the day shift Resident #1 was found with red and purple discoloration to his/her face and lips, and that his/her lips were swollen. The Unit Manager said that Resident #1's daughter was present at the time when the discoloration was found and was distraught about what Resident #1's face looked like. The Unit Manager said she notified Director of Nurses #1 on 4/08/24 during the day shift.</p> <p>The Surveyor was unable to interview Director of Nurses #1, as she did not respond to the Departments telephone and letter requests for an interview.</p> <p>During an interview on 05/21/24 at 4:00 P.M., the Administrator said that he was off on Monday, 04/08/24 and said the incident was not reported to him until 04/09/24. The Administrator said that he reported the alleged incident to the DPH on 04/09/24, after he was notified. The Administrator said it was his expectation that an injury of unknown origin be reported to the DPH within 2 hours of the allegation being made according to facility policy.</p> |   |  |