

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Elaine Center at Hadley		STREET ADDRESS, CITY, STATE, ZIP CODE  20 North Maple Street Hadley, MA 01035	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>37227</p> <p>Based on records reviewed and interviews for two of three sampled residents (Resident #1 and Resident #2) who although they were cognitively impaired, were able to make themselves understood by staff, the Facility failed to ensure they were free from physical abuse, in the form of unwanted and inappropriate physical contact by a contracted employee (consulting Podiatrist). On 01/02/25, both residents reported that the Podiatrist had touched them in a sexually inappropriate manner and their recounting of the incidents to facility administrative staff and the police remained consistent. Both Resident #1 and Resident #2 reported being shocked after the incidents occurred.</p> <p>Based on the reasonable person concept, it would be more likely than not, that Resident #1 and Resident #2 would have experienced psychosocial harm, recurrent fear, anxiety or anger as a result of the sexual abuse since there is an expectation that they would not be touched inappropriately by a provider that had been entrusted to care for him/her.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Abuse Prohibition, dated revised 10/24/22, indicated the following:</p> <p>-Centers prohibit abuse, mistreatment, neglect, misappropriation of resident/patient (hereinafter patient) property, and exploitation for all patients. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the patient's medical symptoms.</p> <p>-Sexual abuse is nonconsensual sexual contact of any type with a patient. It includes but is not limited to sexual harassment, sexual coercion, or sexual assault.</p> <p>1. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 01/02/25, indicated that Resident #2 reported to a Certified Nurse Aide (CNA) at 1:00 P.M., that when the Podiatrist had finished cutting his/her toenails, he grabbed his/her breasts.</p> <p>Resident #2 was admitted to the Facility in May 2023, diagnoses included dementia and anxiety disorder, and he/she resided on the Memory Care Unit.</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:  225697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Elaine Center at Hadley		STREET ADDRESS, CITY, STATE, ZIP CODE  20 North Maple Street Hadley, MA 01035	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's Quarterly Minimum Data Set (MDS) Assessment, dated 11/21/24, indicated that Resident #2 was severely cognitively impaired, with a score of 4 out of 15 on his/her Brief Interview for Mental Status (BIMS, scores indicate: 0-7 severe cognitive impairment, 8-12 moderate cognitive impairment, and 13-15 cognitively intact).</p> <p>Review of Resident #2's Podiatry Note, dated 01/02/25, indicated the Podiatrist trimmed his/her calluses.</p> <p>During an interview on 01/22/25 at 2:10 P.M., Certified Nurse Aide (CNA) #2 said that on 01/02/25 at approximately 10:30 A.M. she brought Resident #2 to the shower room, where the Podiatrist was seeing residents. CNA #2 said she left the Resident #2 alone with the Podiatrist, once he/she was seated.</p> <p>During an interview on 01/24/25 at 1:52 P.M., Certified Nurse Aide (CNA) #1, described the Podiatrist as average height and weight with salt and pepper hair (mixed dark and gray hair). CNA #1 said the Podiatrist often used the shower room when treating residents on the Memory Care Unit, and that the shower room door closed automatically.</p> <p>CNA #1 said that on 01/02/25 at approximately 1:00 P.M., Resident #2 was walking in the hallway with a strange expression on his/her face, and that she stopped him/her and asked, Are you ok? CNA #1 said that Resident #2 told her that the foot doctor touched his/her breasts and that he/she was surprised and shocked when he did that. CNA #1 said that Resident #2 told her I can't believe that happened!</p> <p>Review of Resident #2's Witness Statement, dated 01/02/25, as told to and documented by the Director of Social Services, indicated that Resident #2 said that the Podiatrist grabbed his/her breasts. The Statement indicated that Resident #2 said the incident occurred in the Podiatrist's room and that he/she described the Podiatrist as heavy, older, and with white hair. The Statement indicated that while the Podiatrist was touching Resident #2's breasts he/she asked the Podiatrist, What are you doing?, and that the Podiatrist responded, I am touching you. The Statement indicated that Resident #2 then told the Podiatrist Keep it to yourself buddy!</p> <p>Review of the Police Report, dated 01/02/25 and timed 3:28 P.M., indicated that when the Officer asked Resident #2 how his/her day had been, he/she began to talk about the Podiatrist without prompting. The Report indicated Resident #2 told the officer, He grabbed my breasts while he/she put his/her hands on his/her breasts to demonstrate. The Report indicated that Resident #2 told the Officer that the incident happened in the show room. The Report indicated that the Officer observed that Resident #2 was clearly upset about the incident.</p> <p>During an interview on 01/22/25 at 3:17 P.M., the Director of Social Services said that despite Resident #2's dementia, he/she was consistent with the details of his/her account of the incident on 01/02/25, when he/she was interviewed by several staff members and the police later that day.</p> <p>2. Review of the Report submitted by the Facility via the HCFRS, dated 01/02/25, indicated that Resident #1 reported to staff, that when the Podiatrist had finished treating his/her feet, he put his hands down his/her shirt and felt his/her breasts.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Elaine Center at Hadley		STREET ADDRESS, CITY, STATE, ZIP CODE  20 North Maple Street Hadley, MA 01035	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1 was admitted to the Facility in March 2021, diagnoses included dementia with mild behavioral disturbance, anxiety disorder and he/she resided on the Memory Care Unit.</p> <p>Review of Resident #1's Quarterly MDS Assessment, dated 11/08/24, indicated that Resident #1 was moderately cognitively impaired, with a score of 7 out of 15 on the BIMS.</p> <p>Review of Resident #1's Podiatry Note, dated 01/02/25, indicated the Podiatrist trimmed his/her calluses.</p> <p>During an interview on 01/22/25 at 1:52 P.M., the Director of Rehabilitation (DOR, which also included a review of her Written Witness Statement dated 01/02/25) said that during an Occupational Therapy session on 01/02/25 just before 1:30 P.M., Resident #1 told her that he/she was inappropriately touched earlier that morning. The DOR said that when she asked Resident #1 who had touched him/her, he/she responded, the man who came to cut my toenails, touched my breast area.</p> <p>Review of Resident #2's Witness Statement, dated 01/02/25, as told to and documented by the Director of Social Services, indicated that Resident #2 said I was feeling OK, until I got my toenails cut. The Statement indicated that Resident #1 reported that after the man (later identified as the Podiatrist) finished cutting his/her toenails, in his/her room, the Podiatrist put his hand down the top of his/her shirt and grabbed his/her breasts. The Statement indicated that Resident #1 described the Podiatrist as medium height with hair that was going gray. The Statement indicated that when Resident #1 told the Podiatrist What do you think you are doing? and stated You don't do this to me!, he answered I want to. The Statement indicated the Podiatrist left Resident #1's room after he/she told him to leave.</p> <p>The Statement indicated the incident occurred before lunch, and that Resident #1 couldn't recall the exact time. The Statement also indicated that Resident #1 was shocked by the Podiatrist's behavior and that he/she said, he was always nice to me before.</p> <p>During an interview on 01/22/25 at 11:20 A.M., Resident #1 told the Surveyor that some of the staff are not nice. When the Surveyor asked Resident #1 for an example, he/she responded, a doctor put his hand down my shirt. Resident #1 said The doctor for my toes put his hand down my shirt and grabbed my breasts. Resident #1 described the doctor as having dark hair that was going gray.</p> <p>Review of the Police Report, dated 01/02/25 and timed 3:28 P.M., indicated that Resident #1 told the Officer that the Podiatrist put his hands down the top of his/her shirt, moved them around, and touched his/her breasts. The Report indicated that Resident #1 had seen the Podiatrist before without incident.</p> <p>The Director of Social Services said that despite Resident #1's dementia, he/she generally had a good grasp on his/her circumstances, recognized staff and often remembered their names.</p> <p>The Director of Social Services said that Resident #1 tended to stay in his/her room and rarely socialized with other residents. The Director of Social Services said that despite the similarities between Resident #1 and Resident #2's allegations, she ruled out the possibility that they may have learned of each other's allegations, because both residents lived on opposite ends of the unit, were on different staffing assignments, did not generally socialize with each other, and did not seek each other out for conversation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Elaine Center at Hadley		STREET ADDRESS, CITY, STATE, ZIP CODE  20 North Maple Street Hadley, MA 01035	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 01/23/25 at 9:14 A.M., the Podiatrist said that he started covering podiatry services at the Facility last year and that he had been to the Facility a few times. The Podiatrist said he was at the Facility on 01/02/25 for approximately 4 hours, between breakfast and lunch, and that he saw close to 40 residents during that time. The Podiatrist said that he used the shower room to see residents when he provided services on the Memory Care Unit, and that he sometimes treated residents in their rooms as well. The Podiatrist said that the CNAs on the unit helped to transport residents to the shower room, but only assisted him during treatment if a resident was being resistant to care and needed reassurance. The Podiatrist said he was aware of the allegations against him and that he only provided the residents with routine foot checkups. The Podiatrist said that he did not act inappropriately.</p> <p>During an interview on 01/22/25 at 5:15 P.M., the Director of Nurses (DON) said it was alarming that two residents (Residents #1 and #2) that didn't interact with each other had the same allegation on the same day, involving the Podiatrist.</p> <p>During an interview on 01/22/25 at 5:30 P.M., the Administrator said the Company that provided the Podiatrist had been contacted, and that the Podiatrist was no longer allowed at the Facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Elaine Center at Hadley		STREET ADDRESS, CITY, STATE, ZIP CODE  20 North Maple Street Hadley, MA 01035	
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>37227</p> <p>Based on records reviewed and interviews, for one of one sampled employee/contracted employee files (consultant Podiatrist) the Facility failed to ensure they developed and implemented Abuse policies that included prescreening and training for prospective consultants, contractors, volunteers, caregivers and students, When a Massachusetts Nurse Aide Registry (NAR) check was not conducted on the Podiatrist as required, prior to providing services at the Facility, and there was no evidence he received annual abuse prohibition training.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Abuse Prohibition, dated as revised 10/24/22, indicated that although the policy outlined how potential employees would be screened for a history of abuse, neglect or misappropriation, including checking with the appropriate licensing boards and registries.</p> <p>Further review of the Policy indicated there was no documentation to address how prospective consultants, contractors, volunteers, caregivers and students would be subject to the same screening, prior to providing services to residents at the Facility.</p> <p>Further review of the Policy indicated that abuse prohibition training and reporting obligations would be provided to all employees at orientation and a minimum of annually.</p> <p>However, the Policy did not address how the training would be provided to consultants, contractors, volunteers, caregivers and students.</p> <p>Review of the Facility Policy titled Consultant Agreements and Responsibilities, dated as revised 03/01/22, indicated there was no documentation to support it addressed how screening for a history of abuse and abuse prohibition training occurs for prospective consultants, contractors, volunteers, caregivers and students.</p> <p>Review of the Podiatrist's Training Transcript, that included training completed between 05/22/22 and 01/22/25, indicated there was no documentation to support that he received training on abuse prohibition and reporting obligations at least annually.</p> <p>During an interview on 01/22/25 at 5:30 P.M., the Administrator said there was no documentation to support that a NAR check was performed on the Podiatrist and that there was no evidence he had been trained on abuse prohibition and reporting obligations at least annually.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Elaine Center at Hadley		STREET ADDRESS, CITY, STATE, ZIP CODE  20 North Maple Street Hadley, MA 01035	
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 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>37227</p> <p>Based on records reviewed and interviews, for two of three sampled residents (Resident #1 and Resident #2), the Facility failed to ensure that after the Director of Nurses (DON) was made aware on 01/02/25, of allegations of sexual abuse made by both of these residents, against the Podiatrist, that the allegations were reported to the Department of Public Health (DPH) within two hours as required, when they were reported to DPH over four hours later.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Abuse Prohibition, dated as revised 10/24/22, indicated that immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment or neglect, the Administrator or designee will perform the following:</p> <p>-Report allegations [to the appropriate state and local authorities] involving abuse (physical, verbal, sexual, mental) not later than two hours after the allegation is made.</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted on 01/02/25 at 5:49 P.M., indicated that Resident #1 reported to staff that when the Podiatrist had finished cutting his/her toe nails, he put his hand down his/her shirt and felt his/her breasts.</p> <p>Review of the Report submitted by the Facility via HCFRS dated as submitted on 01/02/25 at 5:52 P.M., indicated that Resident #2 reported to staff that when the Podiatrist had finished treating his/her feet, he grabbed his/her breasts.</p> <p>During an interview on 01/22/25 at 1:00 P.M., the Director of Social Services said that on 01/02/25 at approximately 1:00 P.M., she was notified that Resident #2 alleged that he/she was inappropriately touched by the</p> <p>Podiatrist that morning, after getting his/her toenails cut. The Director of Social Services said that she immediately reported Resident #2's allegation to the DON.</p> <p>The Director of Social Services said that approximately 30 minutes later (around 1:30 P.M.), she was notified that Resident #1 had reported to staff that he/she was inappropriately touched by the Podiatrist, and that she immediately reported that allegation to the DON.</p> <p>During an interview on 01/22/25 P.M. at 5:15 P.M., the Director of Nurses (DON) said that she did not recall the exact times when the sexual abuse allegations were reported to her, but said that by approximately 1:45 P.M., she was aware of both Resident #1 and Resident 2's allegations. The DON further said that she did not report the allegations to DPH within the required two hour time frame because of the extended time it took to summarize and review the allegations with her Corporate Clinical Supervisor.</p>		