

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 11/14/2025
NAME OF PROVIDER OR SUPPLIER Hadley Pointe Nursing Rehab & Care		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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations (which included taking photographs), interviews and records reviewed, for one of two resident units, the Facility failed to ensure it provided a safe, clean, comfortable and homelike environment for their residents, when there were visible signs of unclean conditions on bathroom floors and PTAC Units (packaged terminal air conditioners, which are self-contained all-in-one heating and cooling units installed through a wall), located in resident rooms were heavily coated in dust, these conditions did not support that a homelike environment was being provided and/or maintained for residents. Findings include: Review of the Facility policy titled Environmental Services Inspection, dated 03/01/24, indicated: - Centers/Communities will closely monitor environmental services to ensure the facility is maintained in a safe and sanitary manner and assessed on a regular basis. During an environmental tour of the [NAME] Unit on 09/30/25 from 7:53 A.M. to 11:09 A.M., the surveyor observed the following: room [ROOM NUMBER]: The PTAC unit top was dust laden (heavily coated), and the removable filters on the front were coated with a thick layer of dust and debris. room [ROOM NUMBER]: the PTAC unit top and front ventilation grilles were dirty and dust laden. room [ROOM NUMBER]: The PTAC unit top and front ventilation grilles were dirty and dust laden. room [ROOM NUMBER]: The PTAC unit top and front ventilation grilles were dirty and dust laden, and the walk-in shower room floor tiles were heavily stained with a black substance. room [ROOM NUMBER]: The walk-in shower room floor tiles were heavily stained with a black substance. During an interview on 09/30/25 at 8:00 A.M., after observing the surveyor in room [ROOM NUMBER], the Director of Maintenance came into the room and said the entire room was not home-like, that the PTAC unit and the black stains on the tiles in the bathroom needed to be cleaned thoroughly. On 09/30/25 between 4:45 P.M. and 5:20 P.M., the surveyor conducted a tour of the [NAME] unit with the Director of Maintenance, Administrator and representatives from the Facility's Corporate Office to review the surveyor's findings. The Director of Maintenance and the Administrator said the residents' rooms were not homelike, that the PTAC units and bathroom floors were dirty and needed to be cleaned.</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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