

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225723 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>02/27/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fall River Healthcare |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1748 Highland Avenue<br>Fall River, MA 02720 |  |

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)   |
| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>41107</p> <p>Based on records reviewed and interviews, for three of three sampled residents (Resident #1, #2, and #3), who were dependent on staff to meet their care needs, the Facility failed to ensure they were free from verbal and mental abuse by a staff member when, during the night shift (11:00 P.M. to 7:00 A.M.) on 01/29/25 into 01/30/25, Certified Nurse Aide (CNA) #1 was witnessed by two staff members as she yelled at, swore at, and berated Residents #1, #2, and #3, who became embarrassed, upset, and cried. Resident #1 also reported to staff that he/she was afraid of CNA #1.</p> <p>Findings include:</p> <p>Review of the Facility's Policy titled, Abuse Investigation and Reporting, dated as revised February 2024, indicated the following:</p> <p>-verbal abuse is defined as any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, to describe residents, regardless of a resident's age, ability to comprehend or mental and/or physical disability, and</p> <p>-staff will maintain a manner of courtesy and respect toward residents and their families.</p> <p>1. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted 01/30/25, indicated that Resident #1 said CNA #1 was verbally abusive to him/her.</p> <p>Review of the Facility's Investigation Report, undated, indicated that on 01/30/25, Resident #1 told Nurse #1 that CNA #1 yelled at him/her while she (CNA #1) provided care. The Report indicated that during an interview, Resident #1 told the Director of Social Services that CNA #1 had made him/her cry.</p> <p>Resident #1 was admitted to the Facility in April 2023, diagnoses included polyosteoarthritis (arthritis in five or more joints) and stroke.</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:<br><br>225723  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>02/27/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fall River Healthcare  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1748 Highland Avenue<br>Fall River, MA 02720 |  |
| 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)   |   |  |
| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Review of Resident #1's Quarterly MDS Assessment, dated 12/18/24 indicated that Resident #1 was alert, oriented, able to make self-understood and understood others, and his/her Brief Interview for Mental Status (BIMS) score was 14 out of 15 (score of 0-7 indicates severe cognitive impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact). The MDS indicated Resident #1 was dependent on staff to meet his/her care needs.</p> <p>During an interview on 02/27/25 at 1:00 P.M. (which included a review of his/her witness statement, documented by the Director of Social Services dated 01/30/25), Resident #1 said that on 01/30/25 sometime between 3:30 A.M. and 4:00 A.M., he/she was constipated and asked CNA #1 for help. Resident #1 said CNA #1 responded by yelling at him/her saying, you're faking it! and I'm not sticking my finger up your ass! Resident #1 said that CNA #1 embarrassed and upset him/her and made him/her cry.</p> <p>During an interview on 02/27/25 at 11:54 A.M., the Director of Social Services said that when she interviewed Resident #1, he/she (Resident #1) told her that CNA #1 had been very rude to him/her, yelled at him/her, and made him/her very upset.</p> <p>During a telephone interview on 02/27/25 at 2:02 P.M., (which included a review of her written witness statement), CNA #2 said Resident #1 was constipated, that she heard CNA #1 say to Resident #1, we are not sticking our fucking fingers up your ass. CNA #2 said she also heard CNA #1 say to Resident #1, I am not your fucking friend, I am here to clean your ass.</p> <p>During a telephone interview on 02/28/25 at 1:29 P.M., (which included a review of her written witness statement, undated), Nurse #1 said that during the night shift (on 01/29/25 into 01/30/25), she heard CNA #1 yelling and swearing at Resident #1, which made him/her cry.</p> <p>Nurse #1 said she heard CNA #1 tell Resident #1 she would leave him/her on the bed pan for two hours if he/she acted up again. Nurse #1 said she also heard CNA #1 say to Resident #1, we are not sticking our fingers in your fucking asshole to make you shit. Nurse #1 said Resident #1 asked for her (Nurse #1) later in the morning (sometime around 6:30 A.M.) and said he/she (Resident #1) was afraid of CNA #1.</p> <p>2. Review of the Facility's Investigation Report, undated, indicated that on 01/30/25, Nurse #1 said she heard CNA #1 say, what do you want? to Resident #2 which made him/her cry. The Report indicated that Nurse #1 said CNA #1 then said, why is everyone crying tonight?</p> <p>Resident #2 was admitted to the Facility in July 2021, diagnoses included stroke, chronic obstructive pulmonary disease, dementia, and major depressive disorder.</p> <p>Review of Resident #2's Quarterly MDS Assessment, dated 11/27/24, indicated he/she had moderate cognitive impairment, with a BIMS score of 9 out of 15, and that he/she was dependent on staff to meet his/her care needs.</p> <p>During an interview on 02/27/25 at 1:20 P.M., Resident #2 said he/she did not remember any staff member yelling at him/her on 01/30/25.</p> <p>During an interview on 02/27/25 at 11:54 A.M., the Director of Social Services said that when she interviewed Resident #2 on 1/30/25, he/she said he/she had no recollection of CNA #1 yelling at him/her.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225723  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>02/27/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fall River Healthcare  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1748 Highland Avenue<br>Fall River, MA 02720 |  |
| 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)   |   |  |
| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>During a telephone interview on 02/27/25 at 2:02 P.M., (which included a review of her written witness statement), CNA #2 said that sometime after 12:30 A.M., Resident #2 began to frequently asking staff to either open or close his/her window during the night because he/she had difficulty breathing. CNA #2 said she heard CNA #1 yell while she (CNA #1) was standing outside Resident #2's room, he/she (Resident #2) has been doing this (asking for window to be opened or closed) all fucking night. CNA #2 said CNA #1's remark made Resident #2 cry.</p> <p>During a telephone interview on 02/28/25 at 1:29 P.M., (which included a review of her written witness statement, undated), Nurse #1 said that Resident #2 receives hospice services, has respiratory issues, and frequently asks for his/her window to be opened or closed throughout the night to help with his/her breathing. Nurse #1 said that sometime between 2:30 A.M. to 3:30 A.M., Resident #2 activated his/her call light and asked for his/her window to be either opened and/or closed (could not recall which). Nurse #1 said she could not remember exactly what CNA #1 said, but that she heard CNA #1 yell at Resident #2 until he/she (Resident #2) began to cry. Nurse #1 said CNA #1 then yelled, and now this one is fucking crying too! and why is everyone crying?</p> <p>3. Review of the Facility's Investigation Report, undated, indicated that on 01/30/25, Nurse #1 said that Resident #3 went to the Nurses' Station and asked for cranberry juice, and CNA #1 told him/her he/she could not have any.</p> <p>Resident #3 was admitted to the Facility in August 2019, diagnoses included dementia, bulimia nervosa (eating disorder), legal blindness, and major depressive disorder.</p> <p>Review of Resident #3's Quarterly Minimum Data Set (MDS) Assessment, dated 01/31/25, indicated he/she was cognitively intact, he/she had a BIMS score of 13/15, and was dependent on staff to meet his/her care needs.</p> <p>During an interview on 02/27/25 at 11:54 A.M., the Director of Social Services said that on 1/30/25, when she interviewed Resident #3, he/she said he/she had no recollection of CNA #1 yelling at him/her.</p> <p>During a telephone interview on 02/27/25 at 2:02 P.M., (which included a review of her written witness statement), CNA #2 said on 1/30/25 sometime around 12:30 A.M., Resident #3 came out of his/her room and asked for juice. CNA #2 said CNA #1 responded and said to Resident #1 no, because you will shit yourself. CNA #2 said Resident #3 kept apologizing to CNA #1 and then sat on his/her rollator (rolling walker with built-in seat) and put his/her head down. CNA #2 said Resident #3 looked sad.</p> <p>During an interview on 02/27/25 at 1:20 P.M., Resident #3 said he/she did not remember anyone yelling at him/her.</p> <p>During a telephone interview on 02/28/25 at 1:29 P.M., (which included a review of her written witness statement, undated), Nurse #1 said that she, CNA #1, and CNA #2 were sitting at the Nurses' Station when Resident #3 walked up to them and asked CNA #1 for juice. Nurse #1 said that CNA #1 said to Resident #3, absolutely not, you will shit your pants, and then said to Resident #3 you are disgusting.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225723  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>02/27/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fall River Healthcare  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1748 Highland Avenue<br>Fall River, MA 02720 |  |
| 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)   |   |  |
| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Although Residents #2 and #3 said they did not remember being yelled at and berated by CNA #1 on 01/30/25 during the overnight shift, Nurse #1's and CNA #2's recounting of the events that night supports the residents' were verbally and mentally abused by CNA #1 that night. A reasonable person would have experienced mental anguish after being treated by a caregiver, who they were dependent on for care, in this manner.</p> <p>During an interview on 02/27/25 at 2:33 P.M., the Director of Nurses (DON) said that Nurse #1 told her that CNA #1 had been yelling at residents during the night shift (11:00 P.M. - 7:00 A.M.) that began on 01/29/25. The DON said she interviewed CNA #1 and she (CNA #1) denied the allegations of verbal abuse, refused to write a witness statement, and then resigned from the Facility. The DON said the Facility did not substantiate the allegations of verbal abuse because CNA #1 denied the allegations.</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225723  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>02/27/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fall River Healthcare  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1748 Highland Avenue<br>Fall River, MA 02720 |  |
| 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)   |   |  |
| <p>F 0607</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>41107</p> <p>Based on records reviewed and interviews, for three of three sampled residents (Residents #1, #2, and #3), who were dependent on staff to meet their care needs, the Facility failed to ensure staff implemented and followed their Abuse Policy to prevent the potential for further abuse, when on 01/30/25 during the night shift, although Nurse #1 witnessed and was therefore aware [sometime around 12:30 A.M.], that Certified Nurse Aide (CNA) #1 had verbally abused Residents #3, she did not immediately report the abuse to facility management, as required. CNA #1 was not put on administrative leave after the first incident that night and worked the entire night shift on the same unit providing care and having access to other residents. As a result, CNA #1 verbally and mentally abused Resident #1 and #2, later that same night. Nurse #1 waited and reported all three incidents of abuse to the Director or Nurses (DON) at the end of the night shift, sometime around 7:00 A.M., more than six hours after the first incident occurred.</p> <p>Findings include:</p> <p>Review of the Facility's Policy, titled, Abuse Investigation and Reporting, dated as revised February 2024, indicated it included, but was not limited to the following:</p> <ul style="list-style-type: none"> <li>-upon receiving report of an allegation of abuse, neglect or misappropriation of resident property, or injury of unknown etiology, the staff member receiving an allegation, witnessing a potentially inappropriate treatment, or observing an injury of unknown etiology will report the event immediately to the nursing supervisor/management, and;</li> <li>- if the suspected perpetrator is an employee, the employee will be placed on administrative leave pending the completion of an investigation.</li> </ul> <p>Review of the Facility's Investigation Report, undated, indicated that on 01/30/25, Nurse #1 said that Resident #3 came out to the Nurses' Station and asked for cranberry juice, and CNA #1 told him/her he/she could not have any.</p> <p>Resident #3 was admitted to the Facility in August 2019, diagnoses included dementia, bulimia nervosa (eating disorder), legal blindness, and major depressive disorder.</p> <p>Review of Resident #3's Quarterly Minimum Data Set (MDS) Assessment, dated 01/31/25, indicated he/she was cognitively intact, with a Brief Interview for Mental Status (BIMS) score of 13 out of 15 (score of 0-7 indicates severe cognitive impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact). The MDS indicated Resident #3 was dependent on staff to meet his/her care needs.</p> <p>During a telephone interview on 02/27/25 at 2:02 P.M., (which included a review of her written witness statement), CNA #2 said she could not remember the exact time, but that sometime around 12:30 A.M. on 01/30/25, Resident #3 came out of his/her room to the nursing station and asked for juice. CNA #2 said she, CNA #1 and Nurse #1, were all the nursing station at that time. CNA #2 said CNA #1 yelled at Resident #3 and said to him/her no juice, because you will shit yourself!</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225723  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>02/27/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fall River Healthcare  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1748 Highland Avenue<br>Fall River, MA 02720 |  |
| 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)   |   |  |
| <p>F 0607</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>During a telephone interview on 02/28/25 at 1:29 P.M., (which included a review of her written witness statement, undated), Nurse #1 said that during the night shift (on 01/29/25 into 1/30/25) she witnessed CNA #1 yell and swear [used profanity] at three residents (#1, #2, and #3).</p> <p>Nurse #1 said the incidents started sometime around 12:30 A.M. when CNA #1 refused to give Resident #3 juice, then yelled at him/her and said, you cannot have juice, you will shit your pants and that CNA #1 then said to Resident #3, you are disgusting.</p> <p>Nurse #1 said there was no Nursing Supervisor working in the facility during the night shift and that she was unsure of who to call. Nurse #1 said after she heard CNA #1 yell at Resident #1, she instructed CNA #1 to stay away from him/her.</p> <p>Review of the Facility's Investigation Report, undated, indicated that on 01/30/25, Nurse #1 said she heard CNA #1 say, what do you want? to Resident #2, which made him/her cry. The Report indicated that Nurse #1 said CNA #1 then said, why is everyone crying tonight?</p> <p>Resident #2 was admitted to the Facility in July 2021, diagnoses included stroke, chronic obstructive pulmonary disease, dementia, and major depressive disorder.</p> <p>Review of Resident #2's Quarterly MDS Assessment, dated 11/27/24 indicated he/she had moderate cognitive impairment, with a BIMS score of 9 out of 15, and that he/she was dependent on staff to meet his/her care needs.</p> <p>CNA #2 said that sometime after 12:30 A.M., (exact time unknown) Resident #2 began to frequently ask staff to either open or close his/her window during the night. CNA #2 said she heard CNA #1 yell while she (CNA #1) was standing outside Resident #2's room, he/she (Resident #2) has been doing this (asking for window to be opened or closed) all fucking night. CNA #2 said CNA #1's remark made Resident #2 cry.</p> <p>Nurse #1 said that Resident #2 was receiving hospice services, has respiratory issues, and frequently asks staff for his/her window to be opened or closed throughout the night to help with his/her breathing. Nurse #1 said that sometime between 2:30 A.M. to 3:30 A.M., (exact time unknown) Resident #2 activated his/her call light again and asked for his/her window to be either opened and/or closed (could not recall which).</p> <p>Nurse #1 said she could not remember exactly what CNA #1 said, but that she heard CNA #1 yell at Resident #2 until he/she (Resident #2) began to cry. Nurse #1 said CNA #1 then yelled, and now this one is fucking crying too! and why is everyone crying?</p> <p>Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated as submitted 01/30/25, indicated that Resident #1 said CNA #1 was verbally abusive to him/her.</p> <p>Review of the Facility's Investigation Report, undated, indicated that on 01/30/25, Resident #1 told Nurse #1 that CNA #1 yelled at him/her while she (CNA #1) provided care. The Report indicated that during an interview, Resident #1 told the Director of Social Services that CNA #1 had made him/her cry.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>225723   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>02/27/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fall River Healthcare  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1748 Highland Avenue<br>Fall River, MA 02720 |  |
| 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)  |   |  |
| <p>F 0607</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Resident #1 was admitted to the Facility in April 2023, diagnoses included polyosteoarthritis (arthritis in five or more joints) and stroke.</p> <p>Review of Resident #1's Quarterly MDS Assessment, dated 12/18/24, indicated that Resident #1 was alert, oriented, able to make self-understood and understood others, his/her Brief Interview for Mental Status (BIMS) score was 14 out of 15, and was dependent on staff to meet his/her care needs.</p> <p>During an interview on 02/27/25 at 1:00 P.M. (which included a review of his/her witness statement, documented by the Director of Social Services dated 01/30/25), Resident #1 said that on 01/30/25 sometime between 3:30 A.M. and 4:00 A.M., he/she asked CNA #1 for help. Resident #1 said CNA #1 responded by yelling at and embarrassing him/her, which upset him/her and made him/her cry.</p> <p>CNA #2 said later that night (exact time unknown) she heard CNA #1 say to Resident #1, we are not sticking our fucking finger up your ass. CNA #2 said she also heard CNA #1 say to Resident #1, I am not your fucking friend, I am here to clean your ass. CNA #2 said she did not report the incidents because Nurse #1 was already aware of them.</p> <p>Nurse #1 said she also heard CNA #1 yelling and swearing at Resident #1 and then saw Resident #1 crying. Nurse #1 said she heard CNA #1 tell Resident #1 that she would leave him/her on the bed pan for two hours if he/she acted up again, and then heard CNA #1 say to him/her, we are not sticking our fingers in your fucking asshole to make you shit.</p> <p>Nurse #1 said she did not immediately report the verbal abuse incident with Resident #3 [that occurred on 1/30/25 around 12:30 A.M.] to administrative staff but waited until the morning at the end of her shift [7:00 A.M.] and reported all three incidents to the Director of Nurses (DON) at that time. Nurse #1 said she had not sent CNA #1 home after the incident with Resident #3, and that CNA #1 worked the entire night shift (11:00 P.M. to 7:00 A.M.) providing care to residents.</p> <p>During an interview on 02/27/25 at 2:33 P.M., the Director of Nurses (DON) said that Nurse #1 and CNA #2 should have immediately notified her as soon as they witnessed CNA #1 yell and swear at any of the residents during their shift that night, but they had not. The DON said CNA #1 should have been removed from the Facility that night. The DON said she was not notified of the incidents until she arrived at the Facility the following morning (01/30/25, exact time unknown), when Nurse #1 reported them to her. The DON said staff did not follow facility policy.</p> |   |  |