STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225723	A. Building B. Wing	02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fall River Healthcare	1748 Highland Avenue 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on records reviewed and interviews, for two of three sampled residents (Residents #2 and #3) who were severely cognitively impaired, the Facility failed to ensure they were treated in a dignified and respectful manner, when in January 2026 they both experienced an incident involving physical contact initiated by Resident #1 (who was also severely cognitively impaired), which was unwanted and without their consent.Findings include:Review of the Facility Policy titled Resident Rights, dated as revised 1/2024, indicated the residents had the right to a dignified existence and to be treated with respect and dignity.Resident #1 was admitted to the Facility in October 2025, diagnoses included psychotic disorder and Alzheimer's Disease.Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 1/23/26, indicated Resident #1's cognitive patterns were severely impaired.Review of Resident #1's Medical Record indicated his/her Health Care Proxy had been activated by the physician on 1/19/26.Resident #2 was admitted to the Facility in December 2022, diagnoses included unspecified dementia and psychotic disturbance.Resident #2's Annual MDS Assessment, dated 11/14/25, indicated Resident #1's cognitive patterns were severely impaired.Review of Resident #2's Medical Record indicated the court appointed a guardian for him/her on 1/31/23.Resident #3 was admitted to the Facility during April 2025, diagnoses included cerebral infarction and adjustment disorder with anxiety.Resident #3's Quarterly MDS Assessment, dated 10/10/25, indicated Resident #3's cognitive patterns were severely impaired.Review of Resident #3's Medical Record indicated the court appointed a guardian for him/her on 7/29/25.Review of the Health Care Facility Reporting System (HCFRS) indicated the Facility reported the following incidents to the Department of Public Health:-on 1/09/26 Resident #1 kissed Resident #3 and hugged Resident #2, without either residents consent;-on 1/16/26, Resident #1 massaged Resident #3's shoulders without his/her consent, and,-on 2/01/26, Resident #1 touched/groped Resident #2's breast and groin area over his/her clothes without his/her consent.During interviews on 2/09/26 at 12:35 P.M. and 12:50 P.M., Social Workers #1 and #2 said that they met with Resident #1 on 1/12/26 and 1/16/26. Social Workers #1 and #2 said that they discussed personal boundaries among residents with Resident #1 and although in the moment he/she verbalized understanding, that almost immediately following the conversations he/she appeared to forget that they had spoken and/or forgot the content of their conversation.During a telephone interview on 2/17/26 at 11:30 A.M., the Director of Nursing said that Resident #2 was visibly upset and shaken following the incident on 2/10/26 in which Resident #1 touched his/her breast and groin area over his/her clothes. The Director of Nursing said that although Resident #1 was on 15 minutes checks at the time of the incident (and has been since 1/09/26) that after the 2/01/26 incident, he/she was moved to another Facility unit for Resident #2's safety and sanity.

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