STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225763	A. Building B. Wing	09/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palmer Healthcare Center	250 Shearer Street Palmer, MA 01069

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had severe cognitive impairment and was dependent on staff to meet his/her care needs, the Facility failed to ensure staff implemented and followed their Abuse Policy, when 07/01/25, Certified Nurse Aide (CNA) #1 witnessed an incident of verbal abuse and did not report the incident immediately as required, therefore placing Resident #1 and other residents at risk for abuse. Findings include:Review of the Facility policy titled Abuse Prevention Program, dated as revised March 2022, indicated that all employees are responsible to immediately report any violation or alleged violations. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 07/01/25, indicated that on 07/01/25, CNA #1 reported to the Executive Director that she heard CNA #2 (agency CNA) verbally abuse Resident #1 while assisting him/her during lunch. Review of the report indicated the alleged incident had occurred at 12:50 P.M. Review of the Facility Incident Report, dated 07/01/25 indicated that CNA #1 reported an alleged incident of verbal abuse to the facility Executive Director on 07/01/25 at 2:35 P.M. (one hour and 45 minutes after witnessing the alleged abuse). Resident #1 was admitted to the Facility in January 2025, diagnoses included Down Syndrome, unspecified dementia and seizures.Review of Resident #1's Minimum Data Set (MDS) Assessment, dated 04/17/25, indicated he/she had severe cognitive impairment and was dependent on staff to meet his/her care needs. On 09/02/25 at 11:00 A.M., the surveyor attempted to interview Resident #1, however he/she was unable to respond to the surveyor's questions, due to his/her severe cognitive impairment. During a telephone interview on 09/02/25 at 02:35 P.M., CNA #1 said that on 07/01/25, both she (CNA #1) and CNA #2 were assisting residents with lunch at the same table in the dining room, where four residents were seated. CNA #1 said that Resident #1 was saying no to CNA #2 while she (CNA #2) was feeding Resident #1 carrots. CNA #1 said that she told CNA #2 that Resident #1 did not feel good and that she should stop feeding him/her. CNA #1 said that CNA #2 responded in a loud voice, while Resident #1 and three other residents were seated at the table, that Resident #1 had been (expletive) drinking soda when his/her brother had visited and was now being a spoiled brat. CNA #1 said that she felt uncomfortable that Resident #1, and/or the other residents seated at the table heard what CNA #2 said about Resident #1 and how she (CNA #2) felt he/she was acting. CNA #1 said she was worried about CNA #2's behavior in front of the residents. CNA #1 said that after the meal, she proceeded to provide care to another resident and that it took a while before she reported the incident to the Executive Director. CNA #1 said that she should have reported the incident immediately. During a telephone interview on 09/02/25 at 01:00 P.M., CNA #2 said that on 07/01/25, while she was assisting Resident #1 with lunch, that Resident #1 said no while she was feeding him/her carrots and that CNA #1 told her put Resident #1's tray on the side table and to assist someone else. CNA #2 said that she then assisted a different resident. CNA #2 said that she had not sworn or made any negative comments in front of Resident #1. During an interview on 09/02/25 at 1:50 P.M., Nurse #1 said that she had not witnessed, and CNA #1 had not reported to her that an incident had occurred in the dining room on 07/01/25 during lunch.During an interview on 09/02/25 at 02:50 P.M., the Director of Nurses said allegations of suspected abuse should be reported immediately. On 09/02/25, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction, with an effective date of 07/08/25 which addressed the areas of concern as evidenced by:a) Resident #1 was assessed, he/she showed no signs of distress or change in behavior as a result of the incident. b) On 07/02/25 the Director of Nurses completed an initial audit of the past 30 days reportable events for compliance with timeliness of reporting of incidents. c) On 07/07/25, CNA #1 received re-education titled, Reporting Potential Abuse.d) On 07/07/25 the Staff Development Coordinator or designee-initiated education for facility staff titled, Abuse Policy, Dignity, Customer Service, and Residents Rights. Staff education was completed on 07/21/25.e) On 07/11/25 the Director of Nurses initiated ongoing weekly audits of reportable events for compliance with timeliness of reporting of incidents, weekly audits will be continued for three months. f) The concern for immediate reporting of allegations of resident abuse was discussed by the Quality Assurance Performance Improvement (QAPI) Committee on 08/16/25 and 09/16/25. Ongoing audit results will continue to be discussed at the QAPI Committee monthly meeting for three months. Target date of the QAPI plan is 10/01/25.g) The Director of Nurses and/or designee are responsible for overall compliance.