STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225767	A. Building B. Wing	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Continuing Care at Brooksby Village	400 Brooksby Village Drive Peabody, MA 01960

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on records reviewed and interviews, for one of three sampled residents (Resident #1) who had severe cognitive impairment, the Facility failed to ensure Resident #1 was free from the use of physical restraint when, on 05/24/25 around 6:15 A.M. Certified Nurse Aide #1 wrapped Resident #1's body from under the chest area to below the buttocks in a bed sheet to prevent him/her from accessing that area of his/her body. Findings include: Review of the Facility's Abuse Prevention Policy, dated December 2016, indicated a commitment to provide an environment where residents remain free from abuse. The Policy indicated physical abuse included misuse of physical restraints. The Policy indicated misuse of restraints as having physical control of a resident beyond the medical provider's orders or not in accordance with the plan of care and acceptable medical standards. The Policy indicated the misuse of restraints includes use of material attached or adjacent to the resident's body that the resident cannot remove easily that restricts freedom of movement or normal access to one's body and is used for discipline or convenience and not required to treat the resident's medical symptom. Review of Resident #1's clinical record indicated his/her diagnoses include Alzheimer's Disease. Review of Resident #1's Minimum Data Set assessment, dated 03/21/25, indicated during a brief interview for mental status that he/she had severe cognitive impairment, and required substantial to maximal assistance with toileting hygiene. Review of Resident #1's Plan of Care, dated 03/11/25, indicated to monitor for actions and expressions that may indicate an unmet need, provide a one person physical assist for bed mobility and bathing, and will be comfortable on hospice care. During an interview on 06/18/25 at 2:00 P.M., Certified Nurse Aide (CNA) #2 said on 05/24/25 she removed Resident #1's blanket about 9:00 A.M. to provide morning care. CNA #2 said Resident #1, using his/her right hand was pulling at a bed sheet that was wrapped from just under his/her chest down to his/her upper thigh area. CNA #2 said the bed sheet had been wrapped around Resident #1's body until there was no more length to wrap it around him/her any further. CNA #2 said she immediately reported this to Nurse #1. (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
	225767	A. Building B. Wing	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Continuing Care at Brooksby Village	400 Brooksby Village Drive Peabody, MA 01960

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	CNA #2 said she removed the bed sheet, which was folded and tightly wrapped around Resident #1's body by rolling him/her from one side to the other side in bed, and that it took around three times to unwrap him/her. CNA #2 said Resident #1 would not have been able to unwrap him/herself due to his/her cognitive impairment and inability sit up independently. CNA #2 said the bed sheet wrapped around Resident #1's body, prevented him/her from touching that area (mid torso) of his/her body. During an interview on 06/18/25 at 2:30 P.M., Nurse #1 said on 05/24/25 sometime around 9:00 A.M., CNA #2 alerted her to a concern and she immediately went to Resident #1's room. Nurse #1 said she observed a folded bed sheet wrapped snuggly several times around Resident #1's body from under his/her chest area to about 6 under the buttocks by the upper thighs. Nurse #1 said Resident #1's arms were not bound by the bed sheet. Nurse #1 said the bed sheet wrapped around Resident #1's body prevented him/her from accessing his/her incontinent brief. Nurse #1 said Resident #1 did not have the physical ability or thought process to sequence the task, of removing the bed sheet. Nurse #1 said Resident #1 sustained no injury. Nurse #1 said she had never seen anything like this in the past and immediately notified the Nursing Supervisor. During a telephone interviews on 07/01/25 at 12:10 P.M., with the Nursing Supervisor and at 12:50 P.M. with the Nurse Manager, they said the following. The Nursing Supervisor said on 05/24/25 at about 9:30 A.M., Nurse #1 alerted him that CNA #2 found a bed sheet wrapped around Resident #1's mid torso area, that it was considered a restraint and asked that the preceding shift assigned CNA (CNA #1) be interviewed. The Nursing Supervisor and the Nurse Manager said the Director of Nurses was notified. Review of the 05/23/25 to 05/24/25 11:00 P.M. to 7:00 A.M. Person Assignment indicated CNA #1 was assigned to provide care to Resident #1, during that shift. The Nursing Supervisor and Nurse Manager said they contacted and interviewed CNA #1, who had worked on 05/23/25 from 11:00 P.M. to 7:00 A.M. on 05/24/25. The Nursing Supervisor and Nurse Manager said CNA #1 told them Resident #1 had diarrhea twice during the night, had accessed the feces in his/her incontinent brief with his/her fingers, had touched his/her face and that it looked like he/she had eaten it. The Nursing Supervisor and Nurse Manager said CNA #1 told them that around 6:15 A.M. she put the bed sheet around Resident #1's (mid torso area) body to prevent him/her from accessing the inside of his/her brief. The Nursing Supervisor and Nurse Manager said CNA #1 told them she did not notify his/her nurse (Nurse #1) of the behavior to discuss potential interventions and said that she also had not notified anyone that she applied the bed sheet around Resident #1. During an interview on 06/18/25 at 1:15 P.M., the Director of Nurses (DON) said Resident #1 was not medically approved for any form of restraint use. The DON said in the morning on 05/24/25 she was notified that a bed sheet was found by CNA #2 wrapped around Resident #1 which restricted his/her ability to touch his/her incontinent brief and the areas covered by the bed sheet. The DON said they were a restraint free facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225767	A. Building B. Wing	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Continuing Care at Brooksby Village	400 Brooksby Village Drive Peabody, MA 01960

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The DON said during an interview with the Nursing Supervisor and Nurse Manager, CNA #1 was forthcoming stating that at about 6:15 A.M. on 05/24/25, she wrapped the bed sheet around Resident #1 because he/she was agitated, having loose bowel movements, and was reaching into the incontinent brief. The DON said CNA #1 wanted to prevent further access into the brief to prevent fecal smearing, and that CNA #1 decided this was an acceptable intervention. The DON said while CNA #1 was trying to be helpful with maintaining the dignity of Resident #1, that restraining Resident #1 was classified as abuse. The DON said CNA #1's employment was immediately suspended and subsequently terminated.