

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Leonard Florence Center for Living		STREET ADDRESS, CITY, STATE, ZIP CODE 165 Captain's Row Chelsea, MA 02150	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who was alert, oriented and able to make his/her needs known, the Facility failed to ensure he/she was treated in a dignified and respectful manner by staff, when on 06/02/25 a staff member witnessed Certified Nurse Aide (CNA) #1 interact with Resident #1 in a rude, disrespectful manner, which included CNA #1 yelling at Resident #1 to shut up.</p> <p>Findings include:</p> <p>The Facility's Policy titled, Resident Rights, undated, indicated that employees shall treat all residents with kindness, respect, and dignity. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.</p> <p>Resident #1 was admitted to the Facility in December 2020, with diagnoses that included quadriplegia (loss of movement and sensation in all four limbs) unspecified, displaced fracture of sixth cervical vertebra sequela, chronic respiratory failure, tracheostomy, and dependence on respirator ventilator.</p> <p>Review of Resident #1's most recent Minimum Data Set Assessment, dated 04/08/25, indicated his/her cognitive patterns were intact, and he/she was able to make his/her needs known to staff. The MDS also indicated that Resident #1 required assistance from staff members to meet his/her care needs.</p> <p>The Facility's Internal Investigation, dated 06/02/25, indicated that on 06/02/25 at 12:45 P.M., Resident # 1 reported that a staff member told him/her to shut up. The Internal Investigation indicated that Resident #1 was able to identify the staff member as Certified Nurse Aide (CNA) #1, and the staff member was removed from the schedule and suspended immediately.</p> <p>The Investigation indicated that another staff member was present (later identified as CNA #2) and stated that CNA #1 told Resident #1 to shut up forcefully. The Investigation indicated that the Facility concluded CNA #1 told Resident #1 to shut up, which was considered verbal abuse.</p> <p>During an interview on 06/25/25 at 1:15 P.M., Resident #1 said that on 06/02/25, he/she was asking a question of Certified Nurse Aide (CNA) #1, that she dismissed his/her question and that CNA #1 responded to him/her by saying Shut up, shut up. Resident #1 said it was disrespectful and wrong for CNA #1 to say what she said, and that it had not made him/her feel very good.</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
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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/25/25, at 2:33 P.M., Certified Nurse Aide (CNA) #2 said she was feeding Resident #1 in the TV room area when CNA #1 came to speak to her (CNA #2), and Resident #1 was attempting to talk to her (CNA #1). CNA #2 said that CNA #1 did not care what Resident #1 was saying, and instead responding kindly to him/her. CNA #1 was rude and disrespectful to Resident #1 and forcefully said to him/her, Shut up, I am not talking to you.</p> <p>During an interview on 06/25/25 at 4:30 p.m., the Director of Social Services (DSS) said that Resident #1 reported CNA #1 was rude and disrespectful. The DSS said Resident #1 felt disrespected during interaction with CNA #1 and emphasized the importance of being treated with respect.</p> <p>During a telephone interview on 06/26/25, at 11:16 A.M., Certified Nurse Aide (CNA) #1 denied speaking loudly or telling Resident #1 to Shut up, but acknowledged that when Resident #1 was trying to speak to her, that she did not respond to him/her.</p> <p>During a telephone interview on 07/01/25 at 12:11 P.M., Nurse #1 said that Resident #1 was upset and reported he/she was asking CNA #1 a question, that CNA #1 dismissed him/her and told him/her to shut up.</p> <p>During an interview on 06/25/25 at 4:00 P.M., the Director of Nursing (DON) said he interviewed CNA #1, and she denied the allegations. The DON said the interaction between CNA #1 and Resident #1, was witnessed by CNA #2, who reported that CNA #1 responded by yelling Shut up, shut up, when Resident #1 asked her a question. The DON said that based on the Facility's Investigation and CNA #1's behavior, they terminated CNA #1's employment at the Facility.</p> <p>On 06/25/25, the Facility was found to be in Past Non-Compliance and presented the Surveyor with a plan of correction which addressed the area(s) of concern as evidenced by:</p> <p>A. On 06/02/25, Resident #1 was immediately assessed for any signs of injury or emotional distress, none were noted, and he/she continues to be monitored by staff, with support provided as needed.</p> <p>B. On 06/02/25, all residents on CNA #1's assignment were immediately assessed for the potential to be adversely affected by the Facility's identified area of concern.</p> <p>C. On 06/02/25, clinical and management staff conducted resident interviews to ensure their safety and determine if there were any other concerns identified (there were none).</p> <p>D. 06/03/25 through 06/10/25, re-education was provided to all the facility staff by the Director of Nursing (DON), Assistant Director of Nursing (ADNS), Staff Development Coordinator (SDC), and Nursing Supervisor on the following:</p> <ul style="list-style-type: none"> - The definition of the Abuse Prohibition, Resident Rights, and Customer Services: - Interaction with residents should be appropriate and professional. <p>E. During the June 2025 monthly QAPI meeting, the committee reviewed and discussed the incident and area of concern.</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>F. The QAPI committee will continue to review the issue for a period of two months to ensure substantial compliance.</p> <p>G. The Director of Nursing and/or designee are responsible for overall compliance.</p>