

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER NEVINS NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP TEN INGALLS COURT METHUEN, MA 01844	
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. Based on record review and interview, for one of three sampled residents (Resident #1), the Facility failed to ensure staff implemented and followed their Abuse Policy, when staff members became aware of an allegation that Certified Nurse Aide (CNA) #1 threatened Resident #1 and did not immediately report the allegation to their supervisor, the Director of Nurses (DON) or the Administrator. Findings: Review of the Facility's Abuse Policy and Procedures, dated June 2018, indicated employees and staff of other agencies serving the resident must report any suspected abuse or incidents of abuse to their supervisor, the Director of Nursing (DON) or the Administrator promptly. Review of the Facility report submitted via the Health Care Facility Reporting System (HCFRS), dated as reported 7/10/20 (dated as submitted 7/14/20), indicated that on 7/09/20 at 11:00 P.M., at the start of the night shift, CNA #2 reported to the nurse (identified as Nurse #1) who was responsible for the care of Resident #1, that Resident #1 reported when he/she rang the call light for the bedpan (on the 3:00 P.M. to 11:00 P.M. shift), that a female CNA (identified as CNA #1 from the evening shift) would walk into the room when the call light was on, would just shut the call light off and leave. The Report indicated that CNA #1 made a threatening gesture toward Resident #1, that CNA #1 struck the palm of her hand with the fist from her other hand and walked out of the room. The Report indicated that Resident #1 said he/she did not want to ring the call light anymore that shift because he/she was afraid. During an interview on 07/22/20 at 09:30 A.M., Certified Nurse Aide (CNA) #2 said on 07/09/20, upon arrival to the unit at the start of her shift, at 11:00 P.M. Resident #1 told her that a CNA (identified as CNA #1) turned off his/her call bell light a few times without providing a bedpan as requested, and made a threatening gesture to Resident #1 by striking the palm of her hand with her fist. CNA #2 said that Resident #1 said he/she did not ring the call light again for the rest of the evening shift the bedpan because he/she was afraid to. CNA #2 said she immediately reported the incident to Nurse #1 and Nurse #2. During an interview on 07/28/20 at 9:50 A.M., Nurse #1 said just prior to 11:00 P.M. on 07/09/20 CNA #2 informed her that Resident #1 said CNA #1 made a threatening gesture to him/her (Resident #1) of striking the palm of her hand with her fist after he/she (Resident #1) repeatedly requested to use the bedpan. Nurse #1 said she did not notify the Unit Manager or the DON of the allegation of abuse. Nurse #1 said she collected written statements regarding the incident, and gave them to the oncoming 11:00 P.M. to 7:00 A.M. shift nurse for the DON and Unit Manager in the morning. During an interview on 07/29/20 at 04:30 P.M., Unit Manager #1 said she was unaware of the allegation of abuse until she was provided the written statements at approximately 07:30 A.M. on 07/10/20 by the 11:00 P.M. to 07:00 A.M. nurse. Unit Manager #1 said she gave the written statements to the Human Resource Generalist in the DON's absence. During an interview on 07/29/20 at 04:20 P.M., the Human Resource Director said on 07/10/20 at approximately 09:00 A.M. the Human Resource Generalist informed her of the alleged incident and said the DON was immediately informed. During an interview on 07/22/20 at 12:55 P.M., the DON and Administrator said they were unaware of the allegation of abuse until approximately 10:00 A.M. on 07/10/20 when the Human Resources Director provided the written statements obtained during the evening. The DON and Administrator said Facility staff did not follow the Facility's Abuse Policy to ensure they were notified immediately.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.