

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER ROYAL WOOD MILL CENTER		STREET ADDRESS, CITY, STATE, ZIP 800 ESSEX STREET LAWRENCE, MA 01841	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, for one of four sampled residents (Resident #4), the Facility failed to ensure that after being made aware of an allegation of verbal abuse, that the allegation was reported to the Department of Public Health (DPH) no later than two hours, as required. Findings include: The Facility's Abuse Policy, dated 01/19/20, indicated to send an initial report of abuse to the DPH within two hours. Review of the Report submitted by the Facility via Health Care Facility Reporting System (HCFRS), dated 8/18/20, indicated the Facility submitted the report regarding the incident of alleged verbal abuse that occurred on 8/16/20 involving Certified Nurse Aide #2 and Resident #4 at 02:50 P.M. on 08/18/20, approximately two days after the allegation was known. During an interview on 08/26/20 at 09:20 A.M., the Director of Nurses (DON) said on 08/16/20 at approximately 03:30 P.M. Nurse #4 contacted her to immediately report that Certified Nurse Aide (CNA) #2 allegedly verbally abused Resident #4 by calling him/her a drug addict. The DON said she immediately communicated the alleged incident to the Administrator to report the allegation of verbal abuse to the DPH. During an interview on 08/26/20 at 10:50 A.M., the Administrator said he did not electronically submit the report to the DPH within two hours after being informed that CNA #2 allegedly verbally abused Resident #4. The Administrator said he was aware the allegation of verbal abuse needed to be reported to the DPH within two hours, however he misunderstood the technological process to successfully execute the task.		
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.