

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER QUINCY HEALTH AND REHABILITATION CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP 11 MCGRATH HIGHWAY QUINCY, MA 02169	
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 four sampled residents (Resident #1), the Facility failed to ensure staff implemented and followed their abuse policy, when a nurse witnessed a certified nurse aide verbally and physically abuse a resident and did not immediately report the incident to the Administrator or a supervisor as required. Findings include: The Facility's Abuse Prohibition & Quality Assurance/Reporting Reasonable Suspicion of Crime Policy and Procedure, dated 03/20/19, indicated that everyone who has knowledge of apparent abuse of a resident shall be obligated to report such incidents to his or her immediate supervisor. The Policy and Procedure indicated that the Administrator will be informed immediately of an incident of alleged or suspected abuse. During an interview on 06/22/20 at 11:10 A.M., Nurse #1 said on 05/21/20 at 7:00 A.M., she witnessed Certified Nurse Aide (CNA) #1 verbally abuse and strike Resident #1's right or left hand during care. Nurse #1 said she did not report the allegation to Nurse #2 (her preceptor) until approximately 1:00 P.M. that day. Nurse #1 said Nurse #2 instructed her to report the allegation to the Director of Nurses (DON). Nurse #1 said she did not report the allegation of abuse to the DON until the end of her shift at 5:00 P.M. on 05/21/20. During an interview on 06/22/20 at 1:05 P.M., Nurse #2 said at 1:00 P.M. on 05/21/20 Nurse #1 told her she witnessed an incident of abuse against Resident #1. Nurse #2 said she instructed Nurse #1 to report the allegation of abuse to the DON. During an interview on 06/30/20 at 04:15 P.M., the DON said Nurse #1 notified her at 5:00 P.M. on 05/21/20 that she witnessed CNA #1 verbally abuse and strike Resident #1's hand at 7:00 A.M. (on 05/21/20). The DON said Nurse #1 told her that she did inform Nurse #2 (her preceptor) at 1:00 P.M. (on 05/21/20) of the incident, and was instructed to notify the DON. The DON said it was unknown why Nurse #1 waited until 5:00 P.M. on 05/21/20 to report the allegation of abuse. The DON said she immediately notified the Administrator. The DON said Nurse #2 did not report knowledge of the allegation of abuse against Resident #1 until Nurse #2 was interviewed during the investigation (after 5:00 P.M. on 05/21/20). During an interview on 06/30/20 at 04:35 P.M., the Administrator said he was not aware of the allegation of abuse until notified by the DON at approximately 5:00 P.M. on 05/21/20.		
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.