

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225537	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER TOWN AND COUNTRY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 259 BALDWIN STREET LOWELL, MA 01851	
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	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interviews and records reviewed, for one of three sampled residents (Resident #1) the Facility failed to ensure the report submitted to the Department of Public Health related to an allegation that Certified Nurse Aide (CNA) #1 verbally and sexually abused Resident #1, was complete, including containing information related to the actual allegation and events that occurred. Findings include: Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 8/03/20, indicated that at 12:44 P.M., the Director of Nurses submitted a report related to an allegation that CNA #1 verbally and sexually abused Resident #1, however the submitted report did not contain a narrative describing the alleged abuse. Review of the HCFRS report indicated that on 8/3/20 at 5:50 P.M., DPH Intake alerted the Facility via HCFRS that they had omitted the narrative description of the alleged abuse and that the circumstances of reporting was required to be entered into HCFRS. Further review of HCFRS indicated that the Facility did not attach the narrative to the report until 8/10/20 at 6:20 P.M., which was seven days after the alleged incident occurred. Resident #1's clinical record indicated that he/she had adequate hearing and speech and moderately impaired cognitive skills. The Surveyor interviewed the Food Service Director at 11:30 A.M. on 8/21/20. The Food Service Director said that on 8/3/20 he assisted Resident #1 to the smoking area and said that Resident #1 complained about CNA #1. The Food Service Director said that Resident #1 told him that CNA #1 asked him/her explicit questions about his/her sexual activity. The Food Service Director said Resident #1 was upset and stated that CNA #1 did not know him/her well enough to ask questions like that. The Food Service Director said that he immediately reported Resident #1's statements to the Administrator. The Surveyor interviewed the Administrator at 10:00 A.M. on 8/19/20. The Administrator said that on 8/3/20, the Food Service Director said that Resident #1 complained about CNA #1. The Administrator said that she spoke to Resident #1 and said that Resident #1 told her that CNA #1 asked him/her whether his/her partner like anal sex and whether his/her partner's penis was the size of a cucumber. The Administrator said that she alerted the Director of Nurses of the allegation and asked that she initiated a report into the Health Care Facility Reporting System (HCFRS). The Surveyor interviewed the Director of Nurses at 2:30 P.M. on 8/20/20. The Director of Nurses said that she was very busy between 8/3/20 and 8/10/20 and did not attach the required information within the two hour reporting time frame. On 8/19/20, the Facility was found to be in past non-compliance. The Facility provided the Surveyor with a plan of correction which addressed the concern as evidenced by: A) The Administrator said that she took over the responsibility for reporting allegation in HCFRS on 8/7/20. B) The Administrator said that completed reports for the reportable incident between CNA #1 and Resident #1 were submitted to HCFRS on 8/11/20. C) The Administrator said that by 8/11/20, she audited all of the reportable incidents which occurred during the time the Director of Nurse had been responsible for their completion. D) The Administrator said she identified three other incidents which had not been properly reported and she reported these to the Department of Public Health on 8/11/20. E) The Administrator said that since 8/7/20, the President of the Company reviewed all of the reportable incidents that she submitted to HCFRS for completion and timeliness.</p>		
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.