

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>225250</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FAIRVIEW COMMONS NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>CHRISTIAN HILL ROAD GREAT BARRINGTON, MA 01230</b>	
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 0600  <b>Level of harm - Actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interviews and records reviewed, for one of three sampled residents (Resident #2), the Facility failed to prevent an incident of verbal and physical abuse when on 3/18/20 Nurse #1 referred to Resident #2 as a witch with residents and staff members present, and was then witnessed by staff to pinch Resident #2's cheeks and nostrils in an attempt to administer medications, and then dump water on his/her face after he/she refused to take them. Findings include: Resident #2's most recent Minimum Data Set (MDS) Assessment Form completed 3/4/20 indicated that his/her short and long term memory skills were impaired and his/her decision-making skills were severely impaired. The Surveyor did not interview Resident #2 about the alleged incident due to his/her impaired mental status. During an interview on 6/09/20 at 12:30 P.M., Certified Nurse Aide (CNA) #2 said that on 3/18/20 there were multiple residents gathered at the nurses station, as well as several staff members, and that Nurse #1 gestured toward Resident #2 and said words to the effect, can someone help me with this little witch. CNA #2 said another staff member, CNA #4 went over to help Nurse #1. CNA #2 said she then saw Nurse #1 pinch Resident #2's nostrils closed. CNA #2 said Resident #2 screamed out, and said Nurse #1 dumped water over Resident #2's mouth, which was closed. CNA #2 said she stepped in to stop Nurse #1 and reported the incident to the Director of Nurses During an interview on 6/12/20 at 12:30 P.M., Certified Nurse Aide (CNA) #4 said he went to help Nurse #1, and went to where Resident #2 was seated. CNA #4 said that Nurse #1 attempted to administer pills to Resident #2's by putting them in his/her mouth, that Resident #2 said no, and closed his/her lips real tight. CNA #4 said Nurse #1 then squeezed Resident #2's cheeks. CNA #4 said that, a millisecond later, Nurse #1 moved his hand from Resident #2's cheeks and squeezed Resident #2's nostrils closed. CNA #4 said that he immediately reported Nurse #2's actions to the Scheduler who directed him to the Director of Nurses. During an interview on 6/09/20 at 12:45 P.M., the Speech Therapist said that on 3/18/20 she saw Nurse #1, near the nurses' station, that there were other residents seated near there as well, and that she heard Nurse #1 mutter words to the effect of, these [***] ing residents won't take their pills. The Speech Therapist said that she reported Nurse #1's statement to the Director of Nurses. On 6/9/20, 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) Immediately following the incident on 3-18-20, Nurse #1, who worked for a staffing Agency and worked seven shifts at the Facility during March 2020, was escorted from the Facility. B) On 3/18/20, the Director of Nurses notified the Agency of the allegation and asked that Nurse #1 no longer be assigned to the Facility. C) The Social Worker met with Resident #2 on 3/18/20 and 3/23/20 and assessed that, due to dementia, Resident #2 did not recall the incident and was not displaying any behavioral indicators of increased distress. D) The Staff Development Coordinator said that on 3/18/20 she reviewed that all Agency nurses, including Nurse #1, had received abuse training prior to working any shifts at the Facility. E) The Director of Nurses said that on 3/18/20, she interviewed 5 residents who had received care from Nurse #1 during his seven shifts at the Facility and the Director of Nurses' interviews did not reveal any other concerns about medication administration, abuse or Nurse #1. F) The Director of Nurses provided targeted re-training to CNA #4 on 3-18-20 regarding strategies for intervening during incidents, even when a supervisory staff member is involved. G) The Staff Development Coordinator said that the Facility provided annual abuse training to all staff in January of 2020, in addition to training of all new hires at their orientation. H) The Staff Development Coordinator said that, in response to the alleged incident, on 3/18/20 she began conducting weekly interviews of at least one staff member from every shift to assess their ability to define, recognize and respond to incidents of abuse in accordance with the Facility Abuse Policy and Procedure and provided on the spot education to any staff member's identified knowledge gaps. I) The Director of Nurses and Staff Development Coordinator are responsible for overall compliance.</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.