

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225509	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER CARE ONE AT BROOKLINE		STREET ADDRESS, CITY, STATE, ZIP 99 PARK STREET BROOKLINE, MA 02146	
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 records reviewed and interviews, for two of four sampled residents (Resident #2 and Resident #4), the Facility failed to report allegations of misappropriation to the Department of Public Health (DPH) no later than 24 hours and failed to report the results of the two investigations to DPH within five working days of the incident, as required. Findings include: The Facility's policy, titled Investigating Incidents of Theft and/or Misappropriation of Resident Property, dated April 2017, indicated that residents have the right to be free from theft and/or misappropriation of personal property, staff shall notify the State Agency within 24 hours of such incident and report the results of the investigation to the State Agency within five working days of the incident. 1. The Facility's Investigation, dated 6/22/20, indicated that the Facility received notification that Resident #2, had unauthorized transactions on his/her financial accounts and it was alleged that a staff member had taken his/her credit/debit card at the Facility. The Facility's Investigation included an email, dated 7/21/20 at 8:29 P.M., from local law enforcement and addressed to Administrator #2 which included photograph attachments for the Facility to assist with identifying the individual who used Resident #2's credit/debit card to make purchases. During an interview on 8/3/20, at approximately 11:15 A.M., Administrator #2 said that he was contacted on 7/21/20, by law enforcement and received notification of another criminal theft investigation involving CNA #1 and Resident #4. The Administrator #2 said that on 7/22/20, the ADON assisted him with identifying the individual in the photos as CNA #1. Administrator #2 that law enforcement arrested CNA #1 at the Facility on 7/23/20, when she arrived to work for a scheduled shift. Review of the report submitted by the Facility to DPH via the Health Care Facility Reporting System (HCFRS), indicated that the Facility did not notify DPH that Certified Nurse Aide (CNA) #1 was identified as the accused individual until 7/28/20, which was seven days after Administrator #2 received photo evidence of CNA #1 from local law enforcement. 2. The Facility's Investigation, dated 7/30/20, indicated that on 7/21/20, Administrator #2 was contacted by law enforcement and received an allegation that Resident #4's credit card was fraudulently used by CNA #1 during his/her admission. The Investigation indicated that on 7/22/20, Administrator #2 and the Assistant Director of Nursing (ADON) confirmed CNA #1's identity on security camera evidence provided by law enforcement. During an interview on 8/3/20, at approximately 11:15 A.M., Administrator #2 said he called Resident #4 on 7/28/20, to gather additional information and said the Resident #4 said words to the effect of, During my last week at the Facility, some person had spent \$2000 on my credit card. Administrator #2 said that he reported the incident to the Department of Public Health on 7/30/20. Review of the report submitted by the Facility to DPH via Health Care Facility Reporting System (HCFRS), indicated that the Facility did not submit a report of the alleged misappropriation of Resident #4's personal property by CNA #1 until 7/30/20, which was nine days after Administrator #2 received photo evidence of CNA #1 from law enforcement.		
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.