

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225531	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Sudbury Pines Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE  642 Boston Post Road Sudbury, MA 01776	

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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who had severe cognitive impairment and was dependent on staff to meet his/her care needs, the Facility failed to ensure staff implemented and followed their Abuse Policy when 1) on 5/07/25 Certified Nurse Aide (CNA ) was witnessed by a staff member to slap Resident #1 on the arm and 2) approximately on month prior CNA #1 had been witnessed by another staff member to slap Resident #1 on the arm, however neither staff member reported the alleged incident of abuse immediately as require, therefore placing Resident #1 and other residents at risk for abuse.</p> <p>Findings include:</p> <p>Review of the Facility's Abuse Policy, titled Abuse Prohibition Police and Procedure, dated as revised November 2017, indicated that all employees are responsible for identifying and reporting immediately to their supervisor any witnessed abuse or allegation of abuse they are told about by residents, families, visitors or other staff.</p> <p>Resident #1 was admitted to the Facility in April 2019, diagnoses included dementia, heart failure and delusional disorder.</p> <p>Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, 04/01/25 indicated he/she had severe cognitive impairment and was dependent on staff to meet his/her care needs.</p> <p>1. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 05/19/25, indicated that on 05/19/25, CNA #2 reported to Unit Manager #1 that on 05/07/24, she saw CNA #1 slap Resident #1 on the arm when he/she (Resident #1) was combative during care.</p> <p>Review of the Facility's Internal Investigation Report, dated 05/19/25, indicated that CNA #2 reported to Unit Manager #1 that on 05/07/25, she saw CNA #1 slap Resident #1 on his/her arm him/her when he/she was combative during care. The Facility's Internal Investigation Report indicated that CNA #2 did not report the allegation immediately, and waited until (05/19/25).</p> <p>During an interview on 06/10/25 at 12:12 P.M., (which included a review of her Written Witness Statement dated 05/19/25), CNA #2 said that on 05/07/25, she and CNA #1 were providing care to Resident #1 when he/she (Resident #1) became combative, and that she saw CNA #1 slap Resident #1 on the arm (unsure which one) two times. CNA #2 said she should have reported it immediately but she waited until 05/19/25 to report it to Unit Manager #1.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 225531
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/10/25 at 1:00 P.M., (which included a review of his Written Witness Statement dated 05/19/25), Unit Manager #1 said that on 05/19/25 CNA #2 told him that on 05/07/25, she saw CNA #1 slap Resident #1 on his/her arm and hand (unsure which one). Unit Manager #1 said that he immediately took CNA #2's statement and reported the allegation to the Clinical Manager, the Director of Nurses, and the Assistant Director of Nurses.</p> <p>During an interview on 06/10/25 at 3:08 P.M., the Clinical Manager said that Unit Manager #1 reported to her on 05/19/25, that CNA #2 said that she saw CNA #1 slap Resident #1 on his/her arm. The Clinical Manager said she led the investigation and that CNA #2 told her that on 05/07/25, she and CNA #1 were providing care to Resident #1 when he/she grabbed CNA #1's arm and then CNA #1 grabbed Resident #1's arm and slapped it two times. The Clinical Manager said CNA #2 should have reported the incident immediately, but she had not, and waited until 05/19/25 (12 days later).</p> <p>2. Review of the Report submitted by the Facility via the Health Care Facility Reporting System (HCFRS), dated 05/19/25, indicated that during their internal investigation into an allegation of resident abuse that had been reported by CNA #2, the Facility determined that CNA #3 had not reported an allegation of abuse involving Resident #1 and CNA #1 that occurred sometime during the week of 04/14/25.</p> <p>Review of the Facility's Internal Investigation Report, dated 05/19/25, indicated that while the Facility was conducting their internal investigation into CNA #2's report of resident abuse involving CNA #1, in reviewing CNA #3's written statement and interview, dated 05/20/25, that although she (CNA #3) had not witnessed CNA #1 slap Resident #1 on 05/07/25, she said she had witnessed CNA #1 slap Resident #1 on the arm sometime during the week of 04/14/25. Review of the Facility's Internal Investigation Report indicated that CNA #3 had not reported the allegation until she wrote her statement on 05/20/25 (approximately one month later).</p> <p>During an interview on 06/11/25 at 12:01 P.M., (which included review of her Written Witness Statement, dated 05/20/25), CNA #3 said that sometime during the week of 04/14/25 (she could not remember the day or time), she and CNA #1 were getting Resident #1 into bed, and he/she (Resident #1) was screaming. CNA #3 said she then saw CNA #1 slap Resident #1 on his/her left arm. CNA #3 said she should have reported the allegation immediately, but had not. CNA #3 said that instead, she put it in her statement that she wrote on 05/20/25, and told the DON and Clinical Manager.</p> <p>During an interview on 06/10/25 at 3:08 P.M., the Clinical Manager said that the Facility was not aware of CNA #3's abuse allegation involving Resident #1 and CNA #1 until she (CNA #3) told her and also wrote it in her written witness statement (for the abuse allegation that occurred on 05/07/25). The Clinical Manager said CNA #3 should have reported the allegation immediately but had not.</p>		