



EXECUTIVE OFFICE OF ELDER AFFAIRS
COMMONWEALTH OF MASSACHUSETTS
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November 7, 2023

Mr. Dennis Etzkorn, Executive Director
Gabriel House
261 Oliver Street
Fall River, MA 02724

RE: COMPLIANCE REVIEW REPORT

Dear Mr. Etzkorn,

This Compliance Review Report (Report) is written in accordance with 651 CMR 12.09(4) and provides a summary of all pertinent information obtained during an Assisted Living Residence (ALR) Compliance Review conducted by the Executive Office of Elder Affairs (EOEA) for the following Residence:

Residence Name:	Gabriel House
Address:	261 Oliver Street Fall River, MA 02724
Initial Certification:	11/19/1999
Current Certification:	Certified through 11/19/2023
Last Compliance Review:	5/5/2022
# Certified Total Units:	101
Special Care Residences:	0
Special Care Units:	0
Action Taken:	Plan of correction required
Previous Action:	No
Owner:	Gabriel Care, Inc.

I. Summary of Actions.

EOEA conducted an on-site compliance review on October 31, 2023. Gabriel House (Residence) will continue to be certified until the Executive Office of Elder Affairs (Elder Affairs) issues a notice regarding final approval or denial of the application for recertification. Final approval will be granted when the issues discussed below have been clarified or corrected in writing.

II. Findings.

In accordance with 651 CMR 12.09(4)(b), this compliance report cites the specific portion of the law(s) or regulation(s) that have been violated and sets forth the corrective action required to be taken by the Residence.

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<u>FINDING REFERENCE</u>	<u>SUBJECT AREA</u>	<u>REGULATION CITATION</u>	<u>FINDING</u>	<u>CORRECTIVE ACTION</u>	<u>REPEAT FINDING</u>
A	General Requirements for an ALR: Service Plan Development and Requirements	651 CMR 12.04(7)(b) 651 CMR 12.04(8)(c)	Inconsistent with documenting: -All requirements of Service Plan Development and Requirements.	See IV A	YES
B	General Requirements for an ALR: Quality Assurance and Performance Improvement	651 CMR 12.04(10)(b)(c)	Missing or incomplete components of the Quality Assurance and Performance Improvement requirements.	See IV A	
C	General Requirements for an ALR - Emergency Preparedness Plan and Reporting Requirements: Reporting Resident Specific Emergencies	651 CMR 12.04(11)(e)	Resident specific incident reports submitted late to EOEA.	See IV A	YES
D	Record Requirements: Correspondence Log	651 CMR12.05(4)	Inconsistent documentation of information necessary for the continuity of care.	See IV A	YES
E	Staffing Requirements: Health Screening Requirements	651 CMR 12.06(8)(b)(d)	Missing documentation of employee Health Screening Requirements.	See IV A	
F	Training Requirements: -Introductory Visit and Review -LGBTQ Training	651 CMR 12.07(7) M.G.L. c. 19A, § 43 651 CMR 12.04(1)(e)	Inconsistent documentation of Introductory Visits. Missing documentation of required LGBTQ training	See IV A	
G	General Requirements for an ALR- Reports to EOEA	651 CMR 12.04(13)(a)(2.)	Missing documentation of required annual report of aggregate information.	See IV A	YES

	Annual Reports				
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III. Summary of Compliance Review

A. General Requirements for an Assisted Living Residence (ALR)

- EOEА reviewed seven Resident Records to determine compliance with requirements for the Screening and Assessment, Service Plan Development and Service Plan Requirements.

Service Plan Development and Requirements

- Seven records were missing documentation of a Service Plan reassessment required within 30-days after the commencement of residency.
- Two records were missing documentation of a reassessment and service plan review being completed every six months.

B. Quality Assurance and Performance Improvement

- EOEА reviewed documentation to ensure the Residence has established an effective, ongoing quality improvement and assurance program for Service Planning, Resident Safety Assurances and Medication Quality for calendar years 2022 and 2023.

Resident Safety Assurances

- Documentation of the Residence monitoring the effectiveness of its' Evidence Informed Falls Prevention Program was missing for all calendar years.

Medication administration observation

- EOEА observed two Personal Care (PC) staff providing medication assistance to seven Residents to ensure the Residence has developed and implemented systems that support and promote safe SAMM.

SAMM

- Two Resident's eye drop medications were missing documentation of when the medication was opened.
- Four Resident's medication storage areas contained 11 loose tablets.
- Two Residents had two blister packs of medication partially opened leaving the medications unprotected.

C. Reporting Resident-specific Emergencies – Incident Reports

- EOEА reviewed the Residence records and submitted incident reports from May 5, 2022 through the day of the Compliance Review for evidence that all occurrences of an incident or accident that has or may have a Significant Negative Effect on a Resident's health, safety or welfare were reported to EOEА within 24 hours after the occurrence of the incident or accident.
 - The Residence filed 26 incident reports greater than 24 hours after the occurrence of the incident during the period reviewed.

D. Record Requirements - Correspondence Log

- EOEА reviewed the current ninety (90)-day Correspondence Log required to communicate information necessary to maintain the continuity of care for all Residents.
 - The Residence did not consistently document for each 24-hour period in the Correspondence Log.

- The Residence did not use the Correspondence Log to communicate all significant or pertinent information necessary to maintain the continuity of care for all Residents.

E. Health Screening Requirements

- EOEa reviewed the personnel records of seven staff members to determine compliance with Health Screening requirements.
 - Three personnel records were missing documentation of a pre-employment physical examination.

F. Training Requirements

Introductory Visit and Review

- EOEa reviewed the records of seven Residents to determine compliance with the requirements that a nurse review the Resident's service plan with all relevant personal care workers within the 48 hours after the provision of service or with any change of condition for the Resident.
 - Three records were not consistently documented with a nurses' signature verifying that that Introductory Visit was conducted in accordance with the requirements of the regulation.

LGBTQ Training

- EOEa reviewed seven personnel records, to determine compliance with training requirements.
 - Two records were missing documentation of the required LGBTQ training.

G. Reports to EOEa

- In accordance with the regulation the Residence is required to submit reports to EOEa by a specified date/time period each year.
 - As of the date of the compliance review October 31, 2023 , the ALR did not submit a 2022 Aggregate Data Report.

IV. Corrective Actions.

A. General Corrective Actions

Complete and submit to EOEa each of the following:

1. A specific plan of what will be or has been done to correct each of the cited in Section II above.
2. Provide a description of what will be done to prevent recurrence of each of the issue(s) identified in Section II to ensure the problem does not recur.
3. Identify the designation of the individual(s) who will be responsible for monitoring the correction; and,
4. The date by which each correction will be achieved.

B. Specific Corrective Actions

Submit to EOEa the following:

1. Documentation confirming of a completed medication documentation and storage audit for all Residents who are assisted with SAMM.
2. Submission of the Residence's 2022 Aggregate Data Report to EOEa.

Gabriel House
November 7, 2023

If a particular finding cannot be corrected within 30 days due to the nature of the corrective action, the Residence's corrective action response must include a schedule for completion within a reasonable period.

NEXT STEPS:

In accordance with 651 CMR 12.09(4)(g), you are required to respond in writing to EOEa within 10 days after receiving this notice indicating your agreement or disagreement with the findings. If you agree with the findings, please submit in writing to EOEa all required information/corrections by December 7, 2023.

If you disagree with the findings, you may request an informal review pursuant to 651 CMR 12.10(1) by submitting your request using certified mail, return receipt requested, together with a detailed written rebuttal of the findings within 10 days of your receipt of this letter.

If you have any questions regarding this matter, please contact me at 617-222-7411 or by email at Christopher.mundy2@mass.gov.

Sincerely,

Christopher Mundy
Assisted Living Certification Specialist

CC: Gabriel Care, Inc.
376 South Main Street
Fall River, MA 02721