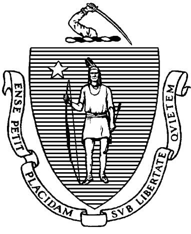

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
67 Forest Street, Marlborough, MA 01752

MAURA T. HEALEY
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Tel: 617-624-6000
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March 31, 2023

VIA ELECTRONIC MAIL

Shaw Israel Izikson
Managing Editor
The Berkshire Edge
sizikson@theberkshireedge.com

Re: Public Record Request BHCSQ-2023-105

Dear Shaw Israel Izikson

This letter is in regard to the above-referenced public record request received by the Department of Public Health ("DPH" or "the Department") on March 7, 2023. This request has been assigned a tracking number: **BHCSQ-2023-105**. Specifically, you requested:

> *"request to see and review copies of complaints and self-reported incidents on file for the Timberlyn Heights Rehabilitation and Care Center located at 320 Maple Ave. in Great Barrington. I'm looking for a date range of January 1, 2022, until March 1, 2023."*

My colleague, Marita Callahan attempted to reach out to you on March 17, 2023 requesting an extension to produce records by March 31, 2023.

Enclosed is one pdf (68 pages) responsive to your request for incidents, the production of which completes the DPH's response to your request. The Department is prohibited from disclosing and has redacted certain information, including incident day and times, patients' names, personal identifiers, and medical information, as well as the personal contact information of staff members. This information is exempt from disclosure pursuant to G. L. c. 4, § 7(26)(c) ("Exemption (c)"). An individual's medical information is categorically exempt under the first clause of Exemption (c). Globe Newspaper Co. v. Bos. Ret. Bd., 388 Mass. 427, 442 (1983). Even if not categorically exempt, DPH would redact an individual's medical information pursuant to Exemption (c) as release of such information would constitute an unwarranted invasion of privacy, and the subject individual's privacy interest outweighs the public interest in disclosure. The additional redacted information is of a highly personal nature, containing specific details which may identify individuals, and its disclosure may constitute an unwarranted invasion

of personal privacy. The individuals' privacy interests outweigh the public's interest in disclosure. Accordingly, this information is exempt from disclosure pursuant to the second clause of G. L. c. 4, § 7(26)(c).

The redacted information also constitutes personal data, which is protected from disclosure by the Fair Information Practices Act, G. L. c. 66A ("FIPA"). If DPH disclosed such information, it may be liable for damages under G. L. c. 214, § 3B. See also 801 CMR 3.00 (regulating dissemination of personal data under FIPA). Therefore, this information is also exempt pursuant to G. L. c. 4, § 7(26)(a) because it is exempt by statute or necessary implication thereof, including FIPA and G. L. c. 4, § 7(26)(c), as outlined above.

The Department has also redacted the names and contact information of reporters, witnesses, and/or the accused pursuant to G. L. c. 4, § 7(26)(f) ("Exemption (f)"). The disclosure of this information could compromise future investigative efforts and is therefore not in the public interest. Exemption (f) allows investigative officials to provide an assurance of confidentiality to private citizens so they will speak openly about matters under investigation. As such, the public disclosure of the above-referenced redacted information creates a grave risk to private citizens who volunteer as a witness and to the Department's ability to conduct future investigations.

DPH has withheld three records pursuant to G. L. c. 4, § 7(26)(a) because they are exempt by statute. Specifically, pursuant to G. L. c. 111, § 72I, any complaint or written report alleging patient or resident abuse, mistreatment, neglect, or the misappropriation of patient or resident property, and the Department's report following its investigation of such complaint shall be confidential.

The Department reserves the right to retrieve any exempted, privileged, or otherwise protected materials inadvertently included in this production. Any such production is not, and shall not be considered or deemed, a waiver of any applicable privileges or protections from disclosure.

DPH now considers this public record request closed. If you wish to challenge this response, and your request was received in writing, you may appeal to the Supervisor of Records following the procedure set forth in 950 CMR 32.08, a copy of which is attached. Pursuant to G. L. c. 66, § 10A, you may also seek judicial review by commencing a civil action in Suffolk Superior Court.

Please contact me with any questions. In any communication regarding this request, please reference the assigned tracking number, **BHCSQ-2023-105**.

Sincerely,

Leah Greene

Leah Greene
Public Records Coordinator

Cc: Helen Rush-Lloyd, Records Access Officer (RAO)
Cc: Ann Scales, Director of Media Relations

Code of Massachusetts Regulations
Title 950: Office of the Secretary of the Commonwealth
Chapter 32.00: Public Records Access (Refs & Annos) **Effective 1/1/17**

950 CMR 32.08
32.08: Appeals

32.08: Appeals

(1) Appeals to the Supervisor.
- (a) 950 CMR 32.08 shall not apply to records in which an individual, or a representative of the individual, has a unique right of access to the records through statutory, regulatory, judicial or other applicable means.
- (b) a requester may petition the Supervisor for failure by a records access officer to comply with a requirement of 950 CMR 32.00.
- (c) an oral request, while valid as a public record request, shall not be the basis of an appeal under 950 CMR 32.08.
- (d) petitions for appeal of a response by a records access officer must be made within 90 calendar days of the date of the response by a records access officer.
- (e) petitions for appeal of a failure to respond within the timeliness requirements of 950 CMR 32.00 must be made within 90 calendar days of the request.
- (f) all petitions for appeal shall be in writing and shall specifically describe the nature of the requester's objections to the response or failure to timely respond.
- (g) requesters shall provide to the Supervisor complete copies of all correspondence associated with the petition, including:
  1. a complete copy of the letter by which the request was made, including in the case of electronic communications all header information indicating time, date, subject, sender and recipient email addresses; and
  2. a complete copy of all written responses associated with requests subject to the petition for appeal, including in the case of electronic communications all header information indicating time, date, subject, sender and recipient email addresses.
- (h) in petitioning the Supervisor, the requester shall provide a copy of such petition to the records access officer associated with such petition.
- (i) if the requester's petition for appeal is related to a previous appeal to the Supervisor, the requester's petition shall refer to the previous appeal number.
- (j) petitions under 950 CMR 32.08 received before 4:00 P.M. shall be opened on the day of receipt. Petitions received after 4:00 P.M. shall be opened on the following business day.

(2) Dispositions of Appeals
- (a) the supervisor shall issue a written determination regarding any petition submitted in accordance with 950 CMR 32.08(1) not later than ten business days following receipt of the petition.
- (b) the Supervisor may deny an appeal for, among other reasons if, in the opinion of the Supervisor:
  1. the public records in question are the subjects of disputes in active litigation, administrative hearings or mediation;
  2. the request is designed or intended to harass, intimidate, or assist in the commission of a crime;
  3. the public records request is made solely for a commercial purpose;
  4. the requester has failed to comply with the provisions of 950 CMR 32.08(2).

(c) upon a determination by the Supervisor that a violation has occurred, the Supervisor shall order timely and appropriate relief.

(3) Hearings and Conferences.

(a) the Supervisor may conduct a hearing pursuant to the provisions of 801 CMR 1.00: *Standard Adjudicatory Rules of Practice and Procedure.* The decision to hold a hearing shall be solely in the discretion of the Supervisor.

1. said rules shall govern the conduct and procedure of all hearings conducted pursuant to 950 CMR 32.08.
2. nothing in 950 CMR 32.08 shall limit the Supervisor from employing any administrative means available to resolve summarily any appeal arising under 950 CMR 32.00.

(b) the Supervisor may order conferences for the purpose of clarifying and simplifying issues and otherwise facilitating or expediting the investigation or proceeding. The decision to hold a conference shall be solely in the discretion of the Supervisor.

(4) In Camera Inspections and Submissions of Data.

(a) the Supervisor may require an inspection of the requested record(s) in camera during any investigation or any proceeding initiated pursuant to 950 CMR 32.08.

(b) the Supervisor may require the records access officer to produce other records and information necessary to reach a determination pursuant to 950 CMR 32.08.

(c) the Supervisor does not maintain custody of documents received from a records access officer submitted for an in camera review. The documents submitted for an in camera review do not fall within the definition of public records. M.G.L. c. 4, §7(26).

(d) upon a determination of the public record status of the documents, they are promptly returned to the custodian, and no copies shall be retained by the Supervisor.

(e) any public record request made to the Division for records being reviewed in camera would necessarily be denied, as the office would not be the custodian of those records.

(f) attorney-client privileged records voluntarily submitted to Supervisor:

1. a records access officer may voluntarily submit documents to the Supervisor for in camera review;
2. such submission shall not waive any legally applicable privileges claimed by the agency or municipality.

(5) Custodial Indexing of Records

(a) the Supervisor may require a records access officer or custodian to compile an index of the requested records within the context of a public records appeal number under 950 CMR 32.08.

(b) said index shall be a public record and shall meet the following requirements:

1. the index shall be contained in one document, complete in itself;
2. the index shall adequately describe each withheld record or redaction from a released record;
3. the index must state the exemption or exemptions claimed for each withheld record or each redaction of a record; and
4. the descriptions of the withheld material and the exemption or exemptions claimed for the withheld must be sufficiently specific to permit the Supervisor to make a reasoned judgment as to whether the material is exempt.

(c) nothing in 950 CMR 32.08 shall preclude the Supervisor from employing alternative or supplemental procedures to meet the particular circumstances of each appeal.

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A02	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	01/16/2022	**Date of Incident:**	01/ /2022
Date Submitted:	01/16/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient to Res/Pt	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Standing/Sitting Still
Location:	Day Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 was seated at the table in the small dayroom. Resident #2 was being escorted into the room by staff. Staff was in the process of redirecting resident #1 to a different table because was seated at resident #2 normal spot. Resident #2 became upset and began to swing. Staff immediately intervened and blocked but resident #2 made contact with resident #1 . The contact was minimal. Staff assisted resident #2 out of the room. Resident #1 was assessed for injuries and pain. denied discomfort. Upon assessment to the there were no injuries. The MD, guardian and administration were notified. Great Barrington Police dept was notified.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
The resident statements are being obtained. Staff are being intervened.

Corrective Measures Narrative:
Final report will follow.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

Individual in Charge at Facility: Sonya Wells **Title:** RN/LPN **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code
[redacted]	[redacted]					
[redacted]	[redacted]					

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
[redacted]	[redacted]	CNA	Yes

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A03	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	02/22/2022	**Date of Incident:**	02/ /2022
Date Submitted:	02/22/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Suicide/Suicide Attempt	**Type of Harm(s):**	N/A
Incident/Allegation Type(s) (after DPH review):	Suicide/Suicide Attempt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Ambulating
Location:	Resident - Own Room	**Equipment in Use:**	Other
Safety Precaution(s):			

INCIDENT NARRATIVE

Feb 2022, Staff entered resident #1 room to answer the call bell. The resident was exiting bathroom with the breakaway call bell dangling from behind . When saw the staff at the door, Staff immediately intervened and . The resident grabbed an . Staff removed the article of clothing. The staff notified the charge nurse. The resident was assisted out of room. was assisted to the dayroom. All residents were removed. The resident attempted to . Items were removed that would increase risk to self-harm. A mattress was placed on the floor for comfort. Administration was notified. The MD and were notified. Dr. Lieff ordered HCP was updated. was placed on 1:1 until the IDT meets. was assessed for injuries. .Earlier in the shift, had been exiting seeking at the double locked doors. Staff had intervened. . The door alarmed, and staff responded and assisted to the dayroom.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:

Over the past few months, the had been reviewed and reduced secondary to increase somnolence and falls with effect, in fact, prior to this incident, the resident had been complemented by multiple staff due to improvement in behavior and overall wellbeing. The evening of February was calm, happy, vocal, and smiling had met with the DNS earlier in the evening who praised for the changes had made and how positive had been.The resident has a diagnosis of

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A03	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	2 of 3

has a history of .On 2/ /2022, The IDT met in the AM and referred the resident to be interviewed by . The Social Worker and ADNS met with the resident to discuss behaviors. The resident stated had attempted to exit the facility to see family. The resident denied feelings of suicidality and thoughts of harming . was called to consult. A phone interview was conducted. Several issues were identified by the encouraged the resident to call anytime to speak with the counselor did not feel the resident was at risk for harming and did not see the need to send to the hospital and recommended coping strategies. The resident remained calm until the remainder of the shift and the night of 2 /2022.Feb 2022, at the resident was seated in the dayroom for evening meal. Resident was witnessed placing from the meal tray to . Staff intervened immediately and removed the silverware. Staff notified the charge nurse. MD and HCP were notified. were assessed and there was no redness, marks, or inflammation. The kitchen was notified to send only plastic ware, no knives.

Corrective Measures Narrative:

The MD and were notified. The MD ordered . Placed on 1:1 supervision. was called and spoke to the resident. The HCP was updated. The resident was calm and was viewing tablet. to the floor and when family did not answer phone call.On February the resident verbalized suicidal behavior and had to be sectioned to . returned to the facility with no new orders as had been stabilized and was "pleasant, calm and cooperative" did not receive medication at the hospital. returned to the facility with no new orders but to follow up with Psyche. did not express any feelings of self- harm and was cooperative since returning from the Hospital. remains on 1:1 with staff.The resident remains on 1:1 supervision. Transfer to a behavioral psychiatric unit at is pending a negative PCR test and bed availability by mid-week.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** No **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number: 0006-A03 **Printed:** 03/20/2023
Log As: Reviewed and Filed

Individual in Charge at Facility: Bamba Janneh **Title:** RN/LPN **Directly Involved?:** No

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A04	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	03/04/2022	**Date of Incident:**	02/ /2022
Date Submitted:	03/04/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Injury Fracture	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Injury Fracture	**Type of Harm(s) (after DPH review):**	Fracture
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Standing/Sitting Still
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

On February 2022, Resident #1, appeared red, warm, and swollen. complained of mild discomfort. The Nurse Practitioner was notified and ordered an x-ray. On Monday, Feb , the x-ray was obtained. The results were sent to the facility on March 2022. The results were . There is a nondisplaced fracture at its base. No boney abnormality. Joint spaces are intact. No evidence of joint effusion. In the absence of the joint effusion, this suggests this is old. The NP was able to range and arm without discomfort denied pain was ordered to treat . .

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:

The resident record was reviewed. The was notified of the old fracture. Upon discussion with states cannot recall fracturing , but believes it is possible may have obtained the injury at that time but can't recall and two years prior to admission at ., fell at home in the garage. resident #1 . Upon review of Richmond Rehab. Admit notes, had a history of falls and physical aggression has a diagnosis of is medicated with Tylenol. This is effective to manage discomfort current record was reviewed. was assessed by therapy and noted to have 21 Occupational assessment) is ambulated by staff with a One to follow with a chair and a person to ambulate . Resident #1 sits in a wheelchair and is transported by one staff. can utilize to maneuver the chair in the hallway.The admission labs on /2021 were

Incident Report Form

has a history of and is followed by the wound MD for treatment.Resident #1 has a history of was evaluated by the neuro Psychiatrist in 2021. (See consult has been physically aggressive with staff including . Dr. Lieff has adjusted). This medication can cause an increase in agitation in the has been gradually reducing this medication and monitoring has an order for the to follow . The resident #1 was medicated in medications were adjusted to include further reduction in discontinued the agrees with the plan of care. Currently, does not exhibit an increase in has a history of falls that have occurred in the facility. Multiple measures have been put in place to decrease the risk for injury because of a fall. A review of the reports did not find any increase in swelling, pain in that may correlate with the fracture.

Corrective Measures Narrative:

Upon review of his record and interview with , it is believed the fracture occurred at an earlier time prior to admission.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** No **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A04	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Gail Wright **Title:** DON **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code
[redacted]	[redacted]					

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A06	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	

Date Reported:	04/10/2022	**Date of Incident:**	04/ /2022
Date Submitted:	04/10/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient to Res/Pt	**Type of Harm(s):**	Laceration
Incident/Allegation Type(s) (after DPH review):	Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset, Laceration
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Standing/Sitting Still
Location:	Day Room	**Equipment in Use:**	Other
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 was seated facing the table in the dayroom. Resident #2 was holding a stood up from to hand the gaitbelt to resident #1. Resident #1 began to in the air. Resident #2 swung the gaitbelt and the plastic clip struck resident #1 on the top of . Resident #1 sustained a . Staff had intervened immediately and separated the two residents. Resident #1 complained of mild discomfort at the site. Ice was applied to the area. The MD, and guardian for resident #1 and resident #2 were notified. The Great Barrington Police department was notified. Administration was notified.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
An investigation is taking place.

Corrective Measures Narrative:
An investigation is taking place.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A06	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Gail Wright **Title:** DON **Directly Involved?:** No

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
		Staff - Other	Yes

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A09	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	05/20/2022	**Date of Incident:**	05/ /2022
Date Submitted:	05/20/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient Rights	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Quality of Care/Treatment-Oth, Resident/Patient Rights	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):	Psychological	**Patient's Activity:**	Self Propelling In Wheelchair
Location:	Hallway	**Equipment in Use:**	Wheelchair
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 states a week ago, , C.N.A. pulled wheelchair out to the dayroom resisted by gripping onto the wheelchair tires. This caused to have a feeling of let go and allowed staff to transport to the dayroom for is not certain of the date it occurred reported this to the Administrator. The Great Barrington Police department was notified. HCP was notified denied pain. There is no redness or bruising of . The resident stated did not have any redness at the time of the occurrence. reported the incident on May 2022, . The employee was suspended pending the investigation

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
The staff file and interviews will be completed.

Corrective Measures Narrative:
The final report will follow.

FOLLOWUP INFORMATION

Incident Report Form

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number: 0006-A09 **Printed:** 03/20/2023

Log As: Reviewed and Filed

Individual in Charge at Facility: Delores Duncan **Title:** Administrator/CEO/Exec. Director **Directly Involved?:** No

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Theresa Koloski

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date
			CNA	/2015

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
		RN/LPN	Yes

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A10	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	

Date Reported:	07/25/2022	**Date of Incident:**	07/ /2022
Date Submitted:	07/25/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient to Res/Pt	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Standing/Sitting Still
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 was seated on bed told resident #2 to get out of the bathroom. Resident #2 walked up to roommate's bed and pushed and told to "shut up".Resident #1 alerted the nursing staff. Both residents were separated. Resident # 1 was assessed denies discomfort was assessed for injuries. There was no inflammation or redness to either . The MD and guardians were notified. The Administrator and Director of Nursing was notified. Great Barrington Police Department was notified. (Officer O'Brien)

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
Staff and the residents are being interviewed. Their charts will be reviewed.

Corrective Measures Narrative:
Final report to follow

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A10	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Bamba Janneh **Title:** RN/LPN **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A11	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	07/31/2022	**Date of Incident:**	07[redacted]/2022
Date Submitted:	07/31/2022	**Time of Incident:**	[redacted]

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient to Res/Pt	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):	[redacted]	**Patient's Activity:**	Standing/Sitting Still
Location:	Day Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident # 1 was sitting adjacent to resident #2 at two separate tables. Resident #1 continued to play [redacted] loud despite staff and resident #2 asking [redacted] to turn it down. Resident #2 stood up and slapped resident #1 on the [redacted]. Both residents were separated to their rooms. Resident #1 did not complain of pain. There were no signs of an injury. The Administrator, DNS, Guardians and MD were notified. The Great Barrington Police Dept was notified.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
Staff and residents will be interviewed.

Corrective Measures Narrative:
Final investigation will follow

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A11	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Delores Duncan **Title:** Administrator/CEO/Exec. Director **Directly Involved?:** No

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Theresa Koloski

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
		Staff - Other	Yes

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A12	**Printed:**	03/20/2023
Log As:	Off-Site Investigation	**Page**	1 of 2

Date Reported:	08/01/2022	**Date of Incident:**	2022
Date Submitted:	08/02/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form No

INCIDENT INFORMATION

Incident/Allegation Type(s):	Quality of Care/Treatment-Oth, Resident/Patient Rights	**Type of Harm(s):**	Emotional Harm/Upset
Incident/Allegation Type(s) (after DPH review):	Transfer/Discharge	**Type of Harm(s) (after DPH review):**	Unknown
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		

Body Part Affected(s):

Patient's Activity:

Location:

Equipment in Use:

Safety Precaution(s):

INCIDENT NARRATIVE

08 /2022: Patient alleged poor care. was admitted supposedly for short term rehabilitation but because the facility is not equipped in providing with the proper care, not getting any better; The facility is "stockpiling" to get Medicaid.

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Family:

Police:

Physician:

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A12	**Printed:**	03/20/2023
Log As:	Off-Site Investigation	**Page**	2 of 2

Individual in Charge at Facility: **Title:** **Directly Involved?:**

REPORTER INFORMATION

Reporter: **Title:** Patient/Resident/Consumer

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified):

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A13	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	08/11/2022	**Date of Incident:**	08[redacted]/2022
Date Submitted:	08/11/2022	**Time of Incident:**	[redacted]

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient to Res/Pt	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):	[redacted]	**Patient's Activity:**	Standing/Sitting Still
Location:	Day Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 was seated in a wheelchair facing the table eating [redacted] had placed [redacted] in the chair next to [redacted] Resident #2 walked over to the chair, and appeared to want to sit in it. Staff removed the [redacted] and placed it next to resident #1. Resident #2 did not sit in the chair but turned around and as [redacted] walked past resident #1, [redacted] poked the side of [redacted] This was witnessed by a staff.Both residents were separated. The Administer, DNS, Guardians and MD were notified. Officer Bragdon, of the Great Barrington Police Department was notified.Resident #1 was assessed and denied pain, there is no redness or inflammation of site.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
Staff and residents are being interviewed

Corrective Measures Narrative:
A Final report will follow

FOLLOWUP INFORMATION

Incident Report Form

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Individual in Charge at Facility: Gail Wright **Title:** DON **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Theresa Koloski

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
		Staff - Other	Yes

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A14	**Printed:**	03/20/2023
Log As:	Off-Site Investigation	**Page**	1 of 2

Date Reported:	07/01/2022	**Date of Incident:**	06/[redacted]/2022
Date Submitted:	08/24/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form No

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient Rights, Quality of Care/Treatment-Oth	**Type of Harm(s):**	Quality of Care
Incident/Allegation Type(s) (after DPH review):	Resident/Patient Rights, Quality of Care/Treatment-Oth	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset, Quality of Care
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		

Body Part Affected(s):

Patient's Activity:

Location:

Equipment in Use:

Safety Precaution(s):

INCIDENT NARRATIVE

Allegation of several Resident Rights violations. No specific staff were mentioned.

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Unknown **Police:** Unknown **Physician:** Unknown

Incident Report Form

*** CONFIDENTIAL ***

Individual in Charge at Facility: **Title:** **Directly Involved?:**

REPORTER INFORMATION

Reporter: Dppc
50 Ross Way
Quincy, 02169

Title: Advocate/Advocacy Group

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled
[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code
[redacted]	[redacted]					

Physician Name (if notified):

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A15	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	08/24/2022	**Date of Incident:**	08/ /2022
Date Submitted:	08/24/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:**	0006
		Type:	Long Term Care Form
		Facility Reported:	Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Injury Other	**Type of Harm(s):**	Pain
Incident/Allegation Type(s) (after DPH review):	Injury Other	**Type of Harm(s) (after DPH review):**	Pain
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Other
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 complained of were swollen, warm to touch and c/o pain. MD was notified and resident was transferred to for an evaluation and x-ray. The x-ray was negative, and an Ultrasound was completed to rule out a and was negative.The Guardian was notified. The resident returned from the ER with diagnosis of .

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:

Staff and the resident were interviewed.The resident is alert and oriented. denied falling, twisting, or hitting at any time.The Unit Manager interviewed the resident stated on 8/ /2022 stood on a standard chair in room near the closet to rearrange the top of closet stated was not wearing and felt a little wobbly on .Staff were interviewed. The resident was not witnessed standing on chair in room nor mentioned stood on the chair to rearrange the top closet.The resident ambulates . diagnoses are

Corrective Measures Narrative:

The chair was removed from in front of the closet. The MD ordered apply ice to for 30 minutes, 4-5 times a day, to be applied. Tylenol is utilized for pain control. Therapy will eval and treat. has an appointment with on August 2022. Currently, .

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** No **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A15	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Maya Kosof **Title:** RN/LPN **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A16	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	09/02/2022	**Date of Incident:**	08/ /2022
Date Submitted:	09/02/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Fall Laceration	**Type of Harm(s):**	Laceration
Incident/Allegation Type(s) (after DPH review):	Review pending.	**Type of Harm(s) (after DPH review):**	Review pending.
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	Review not finalized yet.		
Body Part Affected(s):		**Patient's Activity:**	Ambulating
Location:	Hallway	**Equipment in Use:**	
Safety Precaution(s):	None		

INCIDENT NARRATIVE

Resident #1 was seated in the dayroom. Resident #1 started to walk independently out of the dayroom. The nurse, who was supervising the room, continued to ambulate the resident to the bathroom. As the resident and the nurse exited the bathroom, the resident refused to return to the dayroom. was aggressive and combative striking the nurse. The resident began to ambulate swiftly towards room lost balance falling to sustained a . Ice and a dressing were applied. The MD and Health care proxy were notified. was transferred to Hospital for an evaluation. At the ER, a CT scan was completed. It does not show any

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:

The resident record was reviewed. The resident and the Nurse were interviewed.The resident was interviewed. stated," I won't run again." has a diagnosis of is strong willed and can be aggressive and impulsive when staff intervene.

Corrective Measures Narrative:

returned to the facility with a , and to follow up with the precautions. An appointment is scheduled on September 2022, with the . The . The

scheduled for discomfort.Staff are being in-serviced to offer the resident to bed after [redacted] will allow.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** No **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A16	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Maya Kosof **Title:** RN/LPN **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
		RN/LPN	Yes

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A17	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	09/08/2022	**Date of Incident:**	09/ /2022
Date Submitted:	09/08/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient to Res/Pt	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	In Bed
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 approached the nursing station. reported at midnight on September roommate . When questioned by the Unit manager, stated was in a deep sleep and didn't wake upResident #1 was assisted into the lounge for supervision. complains of . The MD is aware. own person. The Great Barrington Police department was notified.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
Then staff and residents are being interviewed. Resident #1 will be moved to an alternate room

Corrective Measures Narrative:
A final report will follow.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A17	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Gail Wright **Title:** DON **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code
[redacted]	[redacted]					
[redacted]	[redacted]					

Physician Name (if notified): Theresa Koloski

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A19	**Printed:**	03/20/2023
Log As:	Off-Site Investigation	**Page**	1 of 3

Date Reported:	09/19/2022	**Date of Incident:**	09/ /2022
Date Submitted:	09/19/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient Rights	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Resident/Patient Rights, Quality of Life	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Other
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):	Other (describe in narrative)		

INCIDENT NARRATIVE

At approximately the administrator received a call from Susan at DPH expressing concerns brought forward. The concerns brought forward are as follows: resident has regressed in recovery because staff does not provide care. Also, that is neglected. It was also brought forward that . It was reported that a staff Nurse yelled at , reprimanded and was rude. It was also reported that the resident is

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
Investigation immediately initiated. Skin check completed. Resident is being interviewed. Final report to follow.

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

Individual in Charge at Facility: Delores Duncan **Title:** Administrator/CEO/Exec. Director **Directly Involved?:** No

REPORTER INFORMATION

Reporter: Thomas J Troiano **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date
			RN/LPN	/2015

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A20	**Printed:**	03/20/2023
Log As:	Off-Site Investigation	**Page**	1 of 2

Date Reported:	08/30/2022	**Date of Incident:**	08/██/2022
Date Submitted:	09/23/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form No

INCIDENT INFORMATION

Incident/Allegation Type(s):	Quality of Care/Treatment-Oth	**Type of Harm(s):**	Quality of Care
Incident/Allegation Type(s) (after DPH review):	Quality of Care/Treatment-Oth	**Type of Harm(s) (after DPH review):**	Quality of Care
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	
Location:		**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

DPPC Case Referral: Staff forgot the resident's tray and ██ did not have anything to eat. The resident was not provided with lunch. Reporter ended up ordering food and having it delivered to the resident ██

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: **Police:** **Physician:**

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A20	**Printed:**	03/20/2023
Log As:	Off-Site Investigation	**Page**	2 of 2

Individual in Charge at Facility: **Title:** **Directly Involved?:**

REPORTER INFORMATION

Reporter: [redacted] **Title:** Family/Friend/Guardian

[redacted]

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled
[redacted]	[redacted]	[redacted]	[redacted]					

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code
[redacted]	[redacted]					

Physician Name (if notified):

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A21	**Printed:**	03/20/2023
Log As:	Off-Site Investigation	**Page**	1 of 3

Date Reported:	09/26/2022	**Date of Incident:**	09/ /2022
Date Submitted:	09/26/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form No

INCIDENT INFORMATION

Incident/Allegation Type(s):	Quality of Care/Treatment-Oth	**Type of Harm(s):**	
Incident/Allegation Type(s) (after DPH review):	Quality of Care/Treatment-Oth	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	
Location:		**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

09/ /2022 Reporter would like to remain partially anonymous for fear of repercussions against reporter's , per reporter facility is short staffed, there is no social worker or behavioralist for people in the facility with mental health issues, reporter is not in a position to care for and other concerns. DDP

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Incident Report Form

*** CONFIDENTIAL ***

Family: **Police:** **Physician:**

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A21	**Printed:**	03/20/2023
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Individual in Charge at Facility: **Title:** **Directly Involved?:**

REPORTER INFORMATION

Reporter: **Title:** Family/Friend/Guardian

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified):

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number: 0006-A22
Log As: Reviewed and Filed

Date Reported: 10/28/2022
Date Submitted: 10/28/2022

Date of Incident: 10[redacted]/2022
Time of Incident: [redacted]

FACILITY INFORMATION

Facility: Timberlyn Heights Nursing and Rehabilitation (0006)
320 Maple Street
Great Barrington, MA 01230

ID: 0006
Type: Long Term Care Form
Facility Reported: Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Fall Fracture	**Type of Harm(s):**	Fracture
Incident/Allegation Type(s) (after DPH review):	Review pending.	**Type of Harm(s) (after DPH review):**	Review pending.
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	Review not finalized yet.		
Body Part Affected(s):	[redacted]	**Patient's Activity:**	Ambulating
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

see attached report

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:
See attached report

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Family:

Police:

Physician:

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A22	**Printed:**	03/20/2023
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Individual in Charge at Facility: Delores Duncan **Title:** Administrator/CEO/Exec. Director **Directly Involved?:** No

REPORTER INFORMATION

Reporter: Delores Duncan **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified):

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Date Reported:	12/09/2022	**Date of Incident:**	12/ /2022
Date Submitted:	12/09/2022	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Fall Fracture	**Type of Harm(s):**	Fracture
Incident/Allegation Type(s) (after DPH review):	Review pending.	**Type of Harm(s) (after DPH review):**	Review pending.
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	Review not finalized yet.		
Body Part Affected(s):		**Patient's Activity:**	Ambulating
Location:	Hallway	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 was ambulating with two staff towards room was verbally redirected to the dayroom for dinner by the DNS. The resident crossed then turned only placed against the DNS's and pushed forcefully away causing to lose balance and fall onto . The resident did not was assessed for range of motion did not present with internal or external rotation or shortening. had full range of motion and had no verbal or non-verbal signs of discomfort. was assisted into a wheelchair for dinner. did not initially have any bruising or swelling. The MD was notified. The resident is responsible for . Shortly after dinner, upon return to room, the resident was unable to transfer or stand to transfer into bed. Upon reassessment the resident had swelling and bruising o . The MD was updated, and the resident was transferred via ambulance to Fairview hospital for an evaluation was transferred and admitted to center for a fractured .)

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:

Staff were interviewed. The resident declined to respond.The resident is alert and oriented and is responsible for a diagnosis of a .Staff were ambulating the resident to the dayroom for dinner. The resident wanted to go to bed. The air mattress was deflated and malfunctioning. Staff were in the process of changing over the mattress. Dinner was in 30 minutes and staff encouraged the resident to eat meal in the dayroom for supervision.

Incident Report Form

*** CONFIDENTIAL ***

Corrective Measures Narrative:

The resident is planned to be transferred back to Timberlyn Heights on December [redacted] 2022. A [redacted] was performed. [redacted] will evaluate [redacted] status upon admit. Per hospital transfer records, it is noted that the resident will be difficult to progress with [redacted] given [redacted] The resident will be assessed for pain. Medications will be administered per orders. Follow up appointments will be scheduled with the [redacted] MD. Care plan will be updated to reflect current changes. Staff will be in-serviced

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** No **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A23	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Gail Wright **Title:** RN/LPN **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Date Reported:	01/02/2023	**Date of Incident:**	01/[redacted]/2023
Date Submitted:	01/03/2023	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Equipment Malfunction	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Equipment Malfunction	**Type of Harm(s) (after DPH review):**	No Harm
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	
Location:		**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

The elevator door was not functioning properly. Our elevator repair company was notified immediately. The elevator repair representative determined that the elevator required a part that he had to order, and was not immediately available. It was determined to discontinue the elevator use this evening until the repair is made tomorrow. Our local Police department, fire department and EMS was notified of the situation with the elevator in the event of an emergency.

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:

Corrective Measures Narrative:

FOLLOWUP INFORMATION

NOTIFICATIONS

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A24	**Printed:**	03/20/2023
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Family: No **Police:** Yes **Physician:**

Incident Report Form

*** CONFIDENTIAL ***

Individual in Charge at Facility: Delores Duncan **Title:** Administrator/CEO/Exec. Director **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Delores Duncan **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified):

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A25	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	02/08/2023	**Date of Incident:**	02/ /2023
Date Submitted:	02/08/2023	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Unknown/Other	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Unknown
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	In Bed
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

On February , staff reported resident #2 was found lying roommate's bed. Staff woke resident #2 as as sound to sleep. When stated, "Why this is my bed". Resident #2 was assisted back to own bed. Family, NP and Great Barrington Police dept. were notified. Resident #1 was clothed and when questioned looked at staff but was unable to speak. A skin assessment was completed with no findings.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:

The resident record was reviewed. Staff were interviewed. Resident #2 was interviewed. The nurse documented on February on , resident #2 was attempting to climb into roommate's bed. Upon a telephone interview, it had occurred between . Resident #2 was found laying next to roommate in bed. Resident #2 was not . It is unclear whether resident #2 was returning from the bathroom and got into the wrong bed by accident.The C.N.A. caring for resident #1 and #2 was interviewed. She stated on February , she entered int the room to complete incontinence rounds. She noted resident #2 in bed with resident #1. Resident #2 was facing the back of resident #1. Resident #2 was undressed. Resident #1 was awake but clothed. Resident #2 was sleeping. When the C.N.A. awoke resident #2, was confused and stated, "it was bed". The nurse and C.N.A. were questioned if resident #2 had . Both staff replied, "No".Resident #2 was interviewed. When asked by the DNS and Unit Manager what happened, had crawled into bed with roommate. Resident #2 raised and stated did not know why. was unaware did this. was questioned if had toileted then

returned to the wrong bed? stated did not know.Resident #2 has a history of Resident #1 is and was unable to answer the questions.

Corrective Measures Narrative:
Staff will monitor resident #2 every 30 minutes for three days when in bed to identify potential cause of behavior. A sleep study will be completed for three days. A night light was obtained and placed near resident #2 bed. A sign with resident #2 first name was placed on the footboard o bed to alert bed. A three-day toileting pattern will be completed. Resident #2 was moved to a different room on the Unit with Guardian permission.It has been determined that resident #2 got confused and got into the wrong bed by accident. Investigation does not reveal that there wasn't any abusive intent on the part of either resident.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number: 0006-A25 **Printed:** 03/20/2023
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Individual in Charge at Facility: Lisa Parkinson **Title:** RN/LPN **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Theresa Koloski

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
		CNA	Yes

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A26	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	02/16/2023	**Date of Incident:**	02[redacted]/2023
Date Submitted:	02/16/2023	**Time of Incident:**	[redacted]

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient to Res/Pt	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Fall Other, Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset, No Harm
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Transfer/Assist
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 was attempting to get into bed [redacted] states [redacted] roommate pushed [redacted] causing [redacted] to fall to the floor [redacted] was assessed for pain [redacted] denied discomfort. Resident #1 skin was assessed, and [redacted] did not have any injuries.Resident #1 and resident #2 families were updated. The MD was notified. Administration, DNS, and the Great Barrington Police department were notified.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
An investigation is in process. The residents will be interviewed.

Corrective Measures Narrative:
The final report will follow upon completion of the investigation.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

Individual in Charge at Facility: Gail Wright **Title:** DON **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Theresa Koloski

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
		Unknown/Other	No

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number: 0006-A28 **Printed:** 03/20/2023
Log As: Reviewed and Filed

Date Reported: 02/21/2023 **Date of Incident:** 02/ /2023
Date Submitted: 02/21/2023 **Time of Incident:**

FACILITY INFORMATION

Facility: Timberlyn Heights Nursing and Rehabilitation (0006)
320 Maple Street
Great Barrington, MA 01230

ID: 0006
Type: Long Term Care Form
Facility Reported: Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Fall Fracture	**Type of Harm(s):**	Fracture
Incident/Allegation Type(s) (after DPH review):	Fall Fracture, Epidemic/Disease	**Type of Harm(s) (after DPH review):**	Fracture, Infection, Public Health Concern
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Ambulating
Location:	Hallway	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 was lying on outside of the hall bathroom. Staff responded to hearing a thud was assessed for injuries. and complained of discomfort. The MD (Dr. Mintz) was notified and ordered a transfer to the hospital for an evaluation. was transferred to for a fractured and was .The resident is responsible for .

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
The resident and staff were interviewed.The resident is alert and oriented and is independent with The C.N.A. assisted the resident into the hall bathroom. She encouraged the resident to ring when was finished. did not ring the bell exited the bathroom and lost balance and fell to the floor was lying on declined to allow the nurse to assess completed and was positive. The ambulance and the hospital were notified of status and need for transfer.The resident was transferred from . The resident sustained a with complete was referred to the MD. In addition,

Corrective Measures Narrative:

Upon return, [redacted] will evaluate [redacted] transfer, seating, and ambulatory status upon admit [redacted] will be evaluated for pain. Medications will be administered per orders. Follow up appointments will be scheduled with the [redacted] MD. The Care Plan will be updated to reflect current changes. Staff will be in-serviced.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: No **Police:** No **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A28	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	3 of 3

Individual in Charge at Facility: Maya Kosof **Title:** RN/LPN **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright MA **Title:** Facility

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A29	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	02/24/2023	**Date of Incident:**	02/ /2023
Date Submitted:	02/24/2023	**Time of Incident:**	

FACILITY INFORMATION

Facility:	Timberlyn Heights Nursing and Rehabilitation (0006) 320 Maple Street Great Barrington, MA 01230	**ID:** **Type:** **Facility Reported:**	0006 Long Term Care Form Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Injury Other	**Type of Harm(s):**	Bruise/Hematoma
Incident/Allegation Type(s) (after DPH review):	Injury Other	**Type of Harm(s) (after DPH review):**	Bruise/Hematoma
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	In Bed
Location:	Resident - Own Room	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident #1 has bruising on both of . Staff noted this on rounds. has no signs of . There is no swelling. The MD and were notified. The Administrator and Great Barrington Police Dept were notified.

CORRECTIVE MEASURES

Internal Investigation?: Yes

Internal Investigation Narrative:
An ionvestigation is taking place. Staff are being interviewed.

Corrective Measures Narrative:
A final report will follow

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number: 0006-A29 **Printed:** 03/20/2023

Log As: Reviewed and Filed **Page** 3 of 3

Individual in Charge at Facility: Gail Wright **Title:** DON **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Gail Wright **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled
[redacted]	[redacted]	[redacted]	[redacted]		[redacted]		[redacted]	[redacted]

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code
[redacted]	[redacted]					

Physician Name (if notified): Theresa Koloski

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?

END OF REPORT

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A30	**Printed:**	03/20/2023
Log As:	Reviewed and Filed	**Page**	1 of 3

Date Reported:	03/01/2023	**Date of Incident:**	03/ /2023
Date Submitted:	03/01/2023	**Time of Incident:**	

FACILITY INFORMATION

Facility: Timberlyn Heights Nursing and Rehabilitation (0006)
320 Maple Street
Great Barrington, MA 01230

ID: 0006
Type: Long Term Care Form
Facility Reported: Yes

INCIDENT INFORMATION

Incident/Allegation Type(s):	Resident/Patient to Res/Pt	**Type of Harm(s):**	No Harm
Incident/Allegation Type(s) (after DPH review):	Resident/Patient to Res/Pt	**Type of Harm(s) (after DPH review):**	Emotional Harm/Upset
SRE Category(s):	Non-SRE		
SRE Category(s) (after DPH review):	*Non-SRE		
Body Part Affected(s):		**Patient's Activity:**	Crowded Area
Location:	Hallway	**Equipment in Use:**	
Safety Precaution(s):			

INCIDENT NARRATIVE

Resident # 1 was out in hallway for , and Resident #2 came out at the same time. Resident # 2 called Resident #1 a ensued. Resident #2 said Resident #1 grabbed , and punched resident #1 in the . Staff #1 overheard yelling in hallway and came out of the dayroom to intervene in the yelling when she saw resident #2 punch resident #1 on the Staff #1 tried to reach both residents but was unable to get there before contact occurred. Staff #1 immediately separated the residents and called for help and stayed with residents to prevent any further escalations. Residents were assessed by nurse, no injuries were noted at this time. The Great Barrington Police responded to the building and didn't feel there was any reason to section resident #2 at this time as the situation was de-escalated. Resident # 2 was placed on one to one at this time, and resident #1 was moved to a different room for the night as there rooms are located directly across from one another. Resident #1 was placed on neuro checks to ensure safety.Call placed to MD, Guardian, and Great Barrington Police Department

CORRECTIVE MEASURES

Internal Investigation?:

Internal Investigation Narrative:
An internal investigation has been initiated.

Corrective Measures Narrative:
Initially resident # 2 was placed on one to one temporarily.Resident #1 was moved to a different room as they are located directly

across the hall from each other.

FOLLOWUP INFORMATION

NOTIFICATIONS

Family: Yes **Police:** Yes **Physician:** Yes

Incident Report Form

*** CONFIDENTIAL ***

Incident Report Number:	0006-A30	**Printed:**	03/20/2023
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Individual in Charge at Facility: Delores Duncan **Title:** Administrator/CEO/Exec. Director **Directly Involved?:** Yes

REPORTER INFORMATION

Reporter: Delores Duncan **Title:** Facility

MA

PATIENT INFORMATION

First Name	Last Name	Age	Gender	Admission Date	Ambulatory Status	ADL Status	Cognitive Level	Developmentally Disabled

PATIENT ADDRESS

First Name	Last Name	Address 1	Address 2	City	State	Zip Code

Physician Name (if notified): Joshua Mintz

ACCUSED INFORMATION

First Name	Last Name	Gender	Title	Hire Date

WITNESS INFORMATION

First Name	Last Name	Title	Directly Involved?
		Staff - Other	

END OF REPORT