

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/07/2023
NAME OF PROVIDER OR SUPPLIER Montowese Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 163 Quinnipiac Avenue North Haven, CT 06473	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47826</p> <p>Based on clinical record reviews, facility documentation, facility policies and interviews for one of three sampled residents (Resident #1) who were reviewed for medication administration, the facility failed to follow their established professional standard when transcribing a physician's order, documenting at the time a medication was administered, and administer the correct dated dose of a medication. The findings include:</p> <p>Resident #1 diagnoses included alcohol and polysubstance abuse, dependence on renal dialysis, cirrhosis of the liver and chronic viral hepatitis.</p> <p>The Resident Care Plan dated November 3, 2023 identified that Resident #1 had a diagnosis of alcohol and polysubstance abuse. Interventions directed to monitor the resident's psychosocial status, provide support, and arrange psychiatric services as needed.</p> <p>A physician's order dated 11/4/23 directed to administer Methadone HCL oral solution 5 milligrams (mg)/5milliliters (ml) 105 mg by mouth daily.</p> <p>Review of the November 2023 Medication Administration Record identified the Methadone was administered daily at 9:00 AM.</p> <p>The discharge Minimum Data Set assessment dated [DATE] identified Resident #1 was a recent admission, had some difficulty with decision making skills in new situations, received dialysis treatments, and was taking an opioid as indicated.</p> <p>The hospital's Inter-Agency Referral Form W-10 dated 11/11/23 directed to administer Methadone HCL oral solution 5 milligrams (mg)/5milliliters (ml) 105 mg by mouth daily at 6:00 AM.</p> <p>Review of the November 2023 Medication Administration Record in Point Click Care dated 11/12/23 for the time frame of 11:30 PM to 7:30 AM directed to administer Methadone 105 mg at 6:00 AM and for 11/12/23 the time frame of 7:30 AM to 3:30 PM directed to administer the Methadone at 9:00 AM.</p> <p>The Individual Controlled Drug Record dated 11/12/23 identified Methadone 105 mg was dispensed on 11/12/23 at 6:00 AM and again at 9:30 AM.</p> <p>The Medication Administration Record (MAR) for Resident #1 for 11/12/23 identified that Methadone 50 mg was ordered on 11/12/23 and signed for at 6:00 AM.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/07/2023
NAME OF PROVIDER OR SUPPLIER Montowese Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 163 Quinnipiac Avenue North Haven, CT 06473	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Upon further review the MAR failed to reflect a licensed staff's signature Methadone 105 mg was administered at 6:00 AM, the MAR identified the Methadone 105 mg was administered at 9:30 AM.</p> <p>The Facility Reported Incident form dated 11/12/23 identified that Resident #1 received an extra dose of Methadone 105 mg on 11/12/23 at 9:30 AM after receiving the Methadone at 6:00 AM. Subsequent to notification, the Advanced Practice Registered Nurse (APRN) directed the facility to send Resident #1 to the Emergency Department for evaluation.</p> <p>The hospital discharge summary dated 11/30/23 identified Resident #1 was admitted to the hospital on 11/12/23 with a principal diagnosis of Accidental Methadone Ingestion. The discharge summary indicated Resident #1 was noted to be extremely lethargic and was given Narcan two (2) times, Addiction medicine was consulted and recommended discontinuing the Methadone and starting Suboxone due to the diagnosis of cirrhosis of the liver, and Resident #1 was treated for other co-morbidities while hospitalized .</p> <p>Interview with the Regional Director of Nursing (DON) on 12/7/23 at 11:15 AM identified upon Resident #1's return from the hospital on 11/11/23, there was a physician's order directing to administer Methadone 105 mg at 6:00 AM. The Regional DON identified the 3PM-11PM Nursing Supervisor, RN #3, did not follow the correct protocol when entering a medication order, RN #3 failed to discontinue the existing 11/4/23 Methadone order for 105 mg at 9:00 AM before transcribing the order for the Methadone to be administered at 6:00 AM. The Regional DON indicated that it is the policy of the Methadone Clinic to destroy any Methadone that a resident will not use while in the hospital and this was not done.</p> <p>Interview with LPN #1 on 12/7/23 at 12:30 PM identified when she was administering morning medications, she noted that Resident #1 was due for the Methadone at 9:00 AM. LPN #1 identified after verifying the Methadone order with RN #2, she was given the correct dated bottle and she administered the Methadone to Resident #1. LPN #1 indicated RN #2 approached her shortly after and identified Resident #1 had gotten a dose of Methadone at 6:00 AM on 11/12/23. LPN #1 identified she contacted LPN #2 and LPN #2 verified she had administered the Methadone at 6:00 AM.</p> <p>Interview with the 11PM-7AM Nursing Supervisor, RN #1, on 12/7/23 at 12:45 PM identified on 11/12/23 he gave LPN #2 the Methadone bottle for Resident #1 and he did not recall if the date on the bottle was 11/11/23 or that LPN #2 questioned the date being incorrect.</p> <p>Interview with the 11PM-7AM charge nurse, LPN #2, on 12/7/23 at 1:00 PM identified on 11/12/23 she saw an order to administer Methadone 105 mg to Resident #1 at 6:00 AM. LPN #2 indicated she verified the order with RN #1 and RN #1 gave her a Methadone bottle dated 11/11/23. LPN #2 identified she questioned the date on the bottle and was instructed by RN #1 to administer that bottle. LPN #2 identified she did not sign the MAR at 6:00 AM indicating she administered the Methadone.</p> <p>Although attempted, an interview with RN #2 and RN #3 was not obtained.</p> <p>Review of the Medication Administration policy directed that medications on the MAR are to be verified with the MD order and that medication is being administered at the correct time.</p> <p>Review of the Methadone Clinic protocol directed that when a resident on Methadone goes out to the hospital all bottles dated for when the resident was in the hospital must be destroyed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/07/2023
NAME OF PROVIDER OR SUPPLIER Montowese Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 163 Quinnipiac Avenue North Haven, CT 06473	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47826</p> <p>Based on clinical record reviews, facility documentation, facility policies and interviews for one of three sampled residents (Resident #1) who were reviewed for medication administration, the facility failed to administer a medication in accordance with the new physician's order. The findings include:</p> <p>Resident #1 diagnoses included alcohol and polysubstance abuse, dependence on renal dialysis, cirrhosis of the liver and chronic viral hepatitis.</p> <p>The Resident Care Plan dated November 3, 2023 identified that Resident #1 had a diagnosis of alcohol and polysubstance abuse. Interventions directed to monitor the resident's psychosocial status, provide support, and arrange psychiatric services as needed.</p> <p>A physician's order dated 11/4/23 directed to administer Methadone HCL oral solution 5 milligrams (mg)/5milliliters (ml) 105 mg by mouth daily.</p> <p>Review of the November 2023 Medication Administration Record identified the Methadone was administered daily at 9:00 AM.</p> <p>The discharge Minimum Data Set assessment dated [DATE] identified Resident #1 was a recent admission, had some difficulty with decision making skills in new situations, received dialysis treatments, and was taking an opioid as indicated.</p> <p>The hospital's Inter-Agency Referral Form W-10 dated 11/11/23 directed to administer Methadone HCL oral solution 5 milligrams (mg)/5milliliters (ml) 105 mg by mouth daily at 6:00 AM.</p> <p>Review of the November 2023 Medication Administration Record in Point Click Care dated 11/12/23 for the time frame of 11:30 PM to 7:30 AM directed to administer Methadone 105 mg at 6:00 AM and for 11/12/23 the time frame of 7:30 AM to 3:30 PM directed to administer the Methadone at 9:00 AM.</p> <p>The Individual Controlled Drug Record dated 11/12/23 identified Methadone 105 mg was dispensed on 11/12/23 at 6:00 AM and again at 9:30 AM.</p> <p>The Facility Reported Incident form dated 11/12/23 identified Resident #1 received an extra dose of Methadone 105 mg on 11/12/23 at 9:30 AM after receiving the Methadone at 6:00 AM. Subsequent to notification, the Advanced Practice Registered Nurse (APRN) directed the facility to send Resident #1 to the Emergency Department for evaluation.</p> <p>In a written statement the 7AM-3PM Nursing Supervisor, Registered Nurse (RN) #2, identified on 11/12/23 LPN #1 informed her there was an order to administer Methadone to Resident #1 at 9:00 AM. RN #2 indicated she removed the Methadone dated 11/12/23 from the locked box and verified the medication with LPN #1. RN #2 wrote upon entering the 9:00 AM dose into the controlled substance book, she noted the Methadone had already been signed off for at 6:00 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/07/2023
NAME OF PROVIDER OR SUPPLIER Montowese Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 163 Quinnipiac Avenue North Haven, CT 06473	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The hospital discharge summary dated 11/30/23 identified Resident #1 was admitted to the hospital on 11/12/23 with a principal diagnosis of Accidental Methadone Ingestion. The discharge summary indicated Resident #1 was noted to be extremely lethargic and was given Narcan two (2) times, Addiction medicine was consulted and recommended discontinuing the Methadone and starting Suboxone due to the diagnosis of cirrhosis of the liver, and Resident #1 was treated for other co-morbidities while hospitalized .</p> <p>Interview with the Regional Director of Nursing (DON) on 12/7/23 at 11:15 AM identified upon Resident #1's return from the hospital on 11/11/23, there was a physician's order directing to administer Methadone 105 mg at 6:00 AM. The Regional DON identified the 3PM-11PM Nursing Supervisor, RN #3, did not follow the correct protocol when entering a medication order, RN #3 failed to discontinue the existing 11/4/23 Methadone order for 105 mg at 9:00 AM before transcribing the order for the Methadone to be administered at 6:00 AM.</p> <p>Interview with LPN #1 on 12/7/23 at 12:30 PM identified when she was administering morning medications, she noted Resident #1 was due for the Methadone at 9:00 AM. LPN #1 identified after verifying the Methadone order with RN #2, she was given the correct dated bottle and she administered the Methadone to Resident #1. LPN #1 indicated RN #2 approached her shortly after and identified Resident #1 had gotten a dose of Methadone at 6:00 AM on 11/12/23. LPN #1 identified she contacted LPN #2 and LPN #2 verified she had administered the Methadone at 6:00 AM.</p> <p>Interview with the 11PM-7AM Nursing Supervisor, RN #1, on 12/7/23 at 12:45 PM identified on 11/12/23 he gave LPN #2 the Methadone bottle for Resident #1 and he did not recall if the date on the bottle was 11/11/23 or that LPN #2 questioned the date being incorrect.</p> <p>Interview with the 11PM-7AM charge nurse, LPN #2, on 12/7/23 at 1:00 PM identified on 11/12/23 she saw an order to administer Methadone 105 mg to Resident #1 at 6:00 AM. LPN #2 indicated she verified the order with RN #1 and RN #1 gave her a Methadone bottle dated 11/11/23. LPN #2 identified she questioned the date on the bottle and was instructed by RN #1 to administer that bottle. LPN #2 identified she did not sign the MAR at 6:00 AM indicating she administered the Methadone.</p> <p>Although attempted, an interview with RN #2 and RN #3 was not obtained.</p> <p>Review of the Medication Administration policy directed that medications on the MAR are to be verified with the MD order and that medication is being administered at the correct time.</p> <p>Review of the Methadone Clinic protocol directed that when a resident on Methadone goes out to the hospital all bottles dated for when the resident was in the hospital must be destroyed.</p>