

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 12/23/2024
NAME OF PROVIDER OR SUPPLIER Montowese Center for Health & Rehabilitation		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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49021</p> <p>Based on clinical record reviews, reviews of facility documentation and facility policies, and interviews for one (1) of three (3) sampled residents (Resident #1) who was an active smoker, the facility failed to develop a baseline care plan within forty-eight (48) hours after admission to address the facility smoking policy. The findings include:</p> <p>Resident #1's diagnoses included chronic obstructive pulmonary disease with exacerbation, acute respiratory failure with hypercapnia, and anxiety disorder.</p> <p>The hospital inter-agency referral report dated 12/6/24 identified Resident #1 was a current smoker. A discharge medication order directed Nicotine seven (7) milligram transdermal patch, apply one (1) patch on the upper body or upper outer arm daily for two (2) weeks and oxygen at two (2) liters per minute.</p> <p>The nursing admission assessment dated [DATE] at 10:23 PM identified Resident #1 was oriented to person, place, time, and situation, was independent with bed mobility, required supervision or touching assistance of one (1) staff with transferring. The assessment indicated Resident #1 was on oxygen at two (2) liters per minute, was an active smoker and the last time Resident #1 smoked a cigarette was on 12/6/24.</p> <p>The nursing note dated 12/6/24 at 11:28 PM identified Resident #1 arrived at the facility with multiple medications and one (1) cigarette, which was placed in the nurses' cart locked box and Resident #1 was educated on the facility's non-smoking policy.</p> <p>The physician's note dated 12/7/24 at 10:27 AM indicated Resident #1 was evaluated following admission to the facility and had cigarette nicotine dependence without complication. The note directed to continue the Nicotine seven (7) milligrams transdermal patch daily and for smoking cessation counseling.</p> <p>The Facility Reported Incident form dated 12/10/24 identified upon entering the room at 5:20 AM the Nursing Supervisor found smoking Resident #1 while on oxygen. The note indicated Resident #1 had smoking materials in his/her possession and relinquished a lighter.</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
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview and review of the Resident Care Plan with the Director of Nursing (DON) on 12/23/24 at 1:40 PM identified there was no care plan with interventions that addressed Resident #1 being an active smoker until 12/10/24. The DON indicated on admission, the nurse was responsible for completion of the initial assessment, and if the admission occurred during an off shift or weekend, a basic care plan was completed following review of the initial admission assessment and then the interdisciplinary team was responsible for creating a more comprehensive care plan within a few days following admission once the admission was reviewed. The DON identified it was the expectation to have a Resident Care Plan for smoking developed prior to the incident on 12/10/24.</p> <p>Review of the Baseline/Comprehensive Person Centered Care Plan policy dated 3/2023 directed, in part, a baseline care plan must be developed within 48 hours of admission and include at least a minimum of healthcare information necessary to provide the proper care for the resident, establish initials goals, and orders from the Healthcare Provider, dietary, therapy, social services and PASARR if applicable, and upon admission the interdisciplinary team completed respective assessments, identified function disabilities and high-risk factors requiring intervention for potential improvement or prevention.</p>		