

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/09/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Glen Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Glen Hill Rd Danbury, CT 06811	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based clinical record review, observations, review of the clinical record and interviews for 1 of 6 residents (Resident #42) reviewed for accidents, the facility failed to provide adequate supervision to prevent a fall. The findings include:</p> <p>Resident #42's diagnoses included Parkinson's Disease, Cerebral Infarction (stroke) with Hemiplegia (paralysis on one side) and Hemiparesis (weakness on one side) affecting right dominant side, and vascular dementia.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] identified Resident #42 was severely cognitively impaired and required maximal assistance (helper does more than half the effort) with toileting hygiene, personal hygiene, and toilet transfers.</p> <p>The Resident Care Plan (RCP) dated 6/11/24 identified falls as an area of concern. Interventions included: to provide education to Resident #42's family on fall prevention and to not to leave the resident alone.</p> <p>The RCP was updated on 6/1/25 with a new intervention that aimed at gathering all items needed prior to providing care and to not leave resident alone in the bathroom.</p> <p>A nurse's note dated 6/1/25 at 9:45 AM identified Resident #42 was observed laying on the bathroom floor. Resident #42 was sitting on the toilet when NA #8 stepped away to get a new brief. Resident #42 stood up without assistance and fell forward. Resident #42 bumped his/her head on the doorframe and sustained an abrasion and large bump to the forehead and an abrasion to the left knee.</p> <p>Observations on 6/4/25 at 10:50 AM, identified Resident #42 sitting at a table in the main dining room with a bruise on the forehead.</p> <p>Interview with Nurse Aide (NA #8) on 6/9/25 at 1:33 PM identified she brought Resident #42 to the toilet on the morning of 6/1/25 and left him/her on the toilet alone while she left the room to retrieve an incontinent brief from the supplies cart in the hallway. When NA #8 returned to Resident #42's bathroom the resident was noted on the floor.</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:  075031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/09/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Glen Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Glen Hill Rd Danbury, CT 06811	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing (DNS) on 6/9/25 at 1:43 PM identified Resident #42 should not have been left alone in the bathroom. NA #8 should have gathered all the necessary supplies with her in the bathroom or should have placed Resident #42 in a wheelchair and wheeled the resident with her to the supplies cart to get a new brief.</p> <p>Review of the Falls and Fall Risk, Managing Policy directed, in part that staff will identify interventions related to the resident's specific risk and causes to try to prevent the resident from falling and to try and minimize complications from falling.</p>