STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075060	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salmon Brook Rehab and Nursing	72 Salmon Brook Drive Glastonbury, CT 06033

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)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policy, and interviews for one (1) of five (5) sampled residents (Resident #1) who were reviewed for podiatry services, the facility failed to ensure Resident #1 was added to the podiatrist's priority schedule following a diagnosis of an infection of the left great toe. The findings include: Resident #1's diagnoses included diabetes with polyneuropathy (nerve pain). The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 had a Basic Interview for Mental Status (BIMS) score of 10 out of 15 indicating some memory recall deficits and was dependent on staff for personal care. The current Resident Care Plan identified Resident #1 had diabetes mellitus. Interventions directed to wash the feet daily with mild soap and water, dry thoroughly, may use a light dusting powder or lotion, and do not apply lotion or powder between the toes, and to monitor skin and report any issues. A physician's order dated 2/1/25 directed diabetic foot checks daily and to report any redness or discolored areas. The nurse's note dated 2/25/25 at 10:07 PM identified a family member reported that Resident #1's left great toe was red, a little swollen, and painful. The nurse's note dated 2/26/25 at 11:48 PM identified the Advanced Practice Nurse evaluated Resident #1's left great toe, new orders were placed, and Resident #1 was to be placed on the podiatrist's priority schedule to be seen on 3/20/25. A physician's order dated 2/26/25 directed to apply warm soaks to the left great toe followed by bacitracin ointment every day and evening shifts and administer the antibiotic, Doxycycline 100 milligram tablet every twelve (12) hours for seven (7) days for an infection. Review of a correspondence from the facility to the podiatrist's office dated 3/17/25 identified a request that Resident #1 and another resident be added to the podiatrist's list and on 3/19/25 a follow up correspondence from the facility was sent to the podiatrist's office to add Resident #1 and two (2) other residents. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's podiatry list that was provided to the podiatrist on 3/20/25 failed to reflect Resident #1 and the two (2) other residents names had been added to the facility's copy. A Grievance/Concern Form dated 3/24/25 identified Resident#1's Responsible party reported a concern that Resident #1 was not seen by the facility's podiatrist when Resident #1 was supposed to be scheduled. The form indicated the podiatrist's office was contacted and they explained Resident #1 was not seen on 3/20/25 per Medicare regulation and Resident #1 could be seen on 3/31/25. The grievance form identified Resident #1's responsible party declined the 3/31/25 visit and scheduled an appointment with a different provider in the community for 3/28/25. Interview with the facility's podiatrist, MD #1, on 4/23/25 at 10:48 AM identified that he had filed and cleaned Resident #1's left great toenail on 11/13/24 and 1/28/25 per the resident's toleration. MD #1 stated he was not made aware that the APRN evaluated and treated Resident #1 on 2/26/25 for an infection of the left great toe with antibiotics and warm soaks. MD #1 identified Resident #1 should have been scheduled for a priority visit on 3/20/25, that Medicare coverage was not a concern, and when necessary, he treats residents between the 60-day Medicare coverage period. Interview with the Advanced Practice Registered Nurse, APRN #1, on 4/23/25 at 12:25 PM identified on 2/26/25 she evaluated Resident #1's left great toe for inflammation, redness, and pain. APRN #1 stated she ordered antibiotics, warm soaks, and a podiatry consult. Interview with the community podiatrist, MD #2, on 4/23/25 at 1:17 PM identified he evaluated and treated Resident #1 after a left great toenail infection. MD #2 stated Medicare coverage was not a problem when Resident #1 had a recent infection, and he filed and drilled the toenail flat. Interview with the Director of Nurses (DON) on 4/23/25 at 2:30 PM identified that although he was aware the Responsible Party for Resident #1 was concerned over the treatment of the left great toe, it is the scheduling secretary who was responsible for ensuring the resident was added to the podiatry priority list. In an interview on 4/23/25 at 3:00 PM the Scheduling Secretary stated she emailed the podiatry office to include Resident #1 on the list for the visit on 3/20/25 with MD #1. The secretary stated that it was her responsibility to ensure Resident #1's name was added to the podiatrist's list at the facility, and she could not explain why she had not, therefore Resident #1 was not seen on 3/20/25 Attempts to interview Person #1 were unsuccessful Review of the Ancillary Physician revision date 6/23 policy directed routine and emergency optometry, podiatry, and audiology services are available to meet the residents' health services, by the residents' assessment, plan of care, and provide follow-up care.