

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Salmon Brook Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>Based on a review of employee files and staff interviews for 1of 2 employees (Rehabilitation Aide # 2), the facility failed to provide evidence that a background check had been conducted for the employee. The findings include:</p> <p>An interview and facility document review with the Administrator on 6/23/2025 at 11:00 AM indicated no background check information were found in employee for (Recreation Aide # 2). The Administrator also indicated the current Human Resource Manager for the facility only worked onsite a couple days a week.</p> <p>An interview with the Human Resource Manager on 6/23/2025 at 1:06 PM identified she/he only started the position a few months ago and had noticed files had not contained background checks. She/he was told the prior Human Resource Manager only worked remotely therefore the forms were never printed and placed into the employee files. The Human Resource Manager indicated s/he would be coming to the facility later in the afternoon and would print the forms from the electronic reporting system and leave with the administrative staff.</p> <p>An interview with the Administrator on 6/23/2025 at 2:30 PM indicated the prior owner of the facility would have obtained the background check for the employee and she/he would attempt to obtain it.</p> <p>On 6/25/2025 at 8:45 AM an interview and facility document review with the Assistant Director of Nursing Services (ADNS) indicated she/he was unable to provide a background check for Recreational Aide # 2. However, on 6/25/2025 at 3:00PM no background check documents were provided by the facility for Recreational Aide # 2.</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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