

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER Milford Health Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 195 Platt Street Milford, CT 06460	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40172</p> <p>Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for injury of unknown origin, the facility failed to report an injury of unknown origin to the state agency within the required time frame. The findings include:</p> <p>Resident #1 had diagnoses that included Alzheimer's disease, muscle weakness, difficulty walking, osteopenia, and expressive aphasia.</p> <p>The quarterly MDS dated [DATE] identified Resident #1 had short- and long-term memory problems, severely impaired cognitive skills, was always incontinent of bowel and bladder, and dependent with bed mobility, transfers, and ADLs.</p> <p>The care plan dated 8/30/24 identified Resident #1 has an ADL self-care performance deficit, decreased mobility, and does not walk. Interventions directed to provide extensive assistance of 2 staff to turn and re-position in bed, assistance of 2 for toileting and transfers, and assistance of 1 staff for dressing and bathing.</p> <p>Review of APRN #1's note dated 9/11/24 at 7:56 A.M. identified nursing reported Resident #1 noted with swelling to right hip. APRN #1 identified Resident #1 is unable to contribute to history of present illness secondary to cognitive status. APRN #1 indicated Resident #1 does not express pain with range of motion to right hip. APRN #1 identified Resident #1's right hip is red, swollen, and tender to palpation. APRN #1 identified an X-ray was ordered.</p> <p>The nurse's note dated 9/11/24 at 7:58 A.M. by LPN #2 identified Resident #1 has right hip swelling with no complaints of pain. LPN #2 identified a STAT X-ray was ordered.</p> <p>Review of Resident #1's radiology report dated 9/11/24 at 10:36 A.M. and reviewed by APRN #1 at 11:07 A.M. identified Resident #1 has an acute-appearing fracture of the proximal right femur with mild displacement of the distal fragment.</p> <p>The nurse's note dated 9/11/24 at 1:09 P.M. written by LPN #1 identified Resident #1's X-ray results are positive for a right hip fracture. LPN #1 identified APRN #1 was updated and APRN #1 ordered Resident #1 to be sent to the emergency room for further evaluation per request of Resident #1's family. LPN #1 identified Resident #1 was transferred via ambulance to the emergency room .</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's accident and incident report dated 9/11/24 identified at 8:00 A.M. on 9/11/24 Resident #1 was noted with a reddened area to the right hip, with no warmth, or grimacing noted, an Xray was ordered and it was identified that Resident #1 has a right hip fracture and Resident #1 was sent to the emergency room for evaluation.</p> <p>Review of the State's Reportable Event portal identified the facility initiated a reportable event for Resident #1 on 9/19/24 (8 days after the X-ray was positive for a right hip fracture) with the date and time of event first known as 9/16/24 at 4:00 P.M. The facility's event description identified: Resident #1 was noted with redness, slight swelling to right hip without warmth or sign of skin irritation. APRN #1 evaluated and ordered right hip X-ray. The X-ray impression of possible non displace fracture and APRN ordered resident sent to ER for further evaluation to verify fracture to right hip. Resident #1 returned on 9/16/24 with a noted right hip fracture. The facility did a 72 hour look back and investigation due to Resident #1 being a poor historian.</p> <p>Further review of the State's Reportable event portal identified on 9/23/24 the reportable event dated 9/16/24 for Resident #1 was rescinded. On 9/23/24 the facility initiated the Class B with the event type as injury of unknown origin for Resident #1 with the injury of a right hip fracture (11 days after the X-ray confirmed the right hip fracture).</p> <p>Interview with the DNS on 10/15/24 at 11:40 A.M. identified on 9/11/24 LPN #2 reported that Resident #1's hip was swollen, dark pink in color, without any warmth. The DNS identified Resident #1 was unable to articulate what occurred. The DNS indicated APRN #1 assessed Resident #1 and APRN #1 ordered a STAT right hip X-ray. The DNS identified on 9/11/24 Resident #1's X-ray report showed an acute hip fracture and Resident #1 was sent out to the hospital for further evaluation. The DNS identified she is aware injuries of unknown origin are required to be reported within 2 hours. The DNS indicated on 9/16/24 after reviewing Resident #1's hospital documentation it was confirmed Resident #1 had a right hip fracture, so she initiated a class D reportable event on 9/19/24. The DNS identified based on the investigation Resident #1's right hip fracture was a pathological fracture secondary to osteoporosis. The DNS identified she is aware injuries of unknown origin are Class B reportable events and need to be reported within 2 hours. The DNS could not explain why on 9/11/24 Resident #1's acute right hip fracture of unknown origin was not reported to the state agency within the required time frame.</p> <p>Review of the facility abuse policy, in part, directed the facility must ensure that all alleged violations involving mistreatment, neglect, or abuse including injuries of unknown origin are reported immediately within the reporting timeline of a 2-hour requirement to report to Department of Public Health.</p>		