

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Havencare at Filosa		STREET ADDRESS, CITY, STATE, ZIP CODE 13 Hakim St Danbury, CT 06810	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, facility policy review, and interviews for one resident (Resident #1) reviewed for quality of care, the facility failed to ensure use of a bed and chair alarm was assessed timely to ensure it was not a restraint and failed to ensure the care plan was based on a resident-specific assessment to support the use of the bed and chair alarms. The findings include: Resident #1's diagnoses included dementia, atrial fibrillation, osteoporosis, multiple rib fractures, depression, and history of falls. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of seven out of fifteen (7/15), indicative of being severely cognitively impaired, required partial to moderate assistance with ambulation and transfers and had no bed or chair alarms in use. The Resident Care Plan dated 10/29/25 identified Resident #1 was forgetful with poor safety awareness, and was at risk for falls related to deconditioned state, unsteady gait, and impaired mobility related to recent fall resulting in multiple rib fractures. Interventions directed use of a bed and chair alarm for safety per family's request, bed in the lowest position, call bell in reach and encourage use, adequate lighting, encourage common areas when out of bed, and offer toileting after resident's visitors end their visit. Physician order dated 12/27/25 directed bed and chair alarms to be used every shift. Observation of Resident #1 in his/her room on 1/14/26 at 10:20 AM identified Resident #1 was sitting on his/her bed with an active bed alarm in place. Additional observation identified a chair alarm in place on Resident #1's recliner chair. Record review failed to identify a comprehensive assessment and fall risk documentation addressing the clinical need, effectiveness, or individualized parameters for the use of bed and/or chair alarms. Further review failed to identify documentation explaining the use of alarms, any alternatives (or less restrictive interventions) to use of the alarms, and if the alarm use was assessed for a potential restraint. Interview and record review with the DON on 1/14/26 at 1:05 PM identified Resident #1 used bed and chair alarms at all times (every shift) for a high fall risk, and the care plan included the alarm use. The DNS stated Resident #1 does not utilize the call bell and will get out of bed alone. The DNS stated an assessment for use of the alarms was not completed, and stated routine nursing supervision was insufficient due to multiple attempts to get up independently and staff use the alarms to alert then when Resident #1 is moving. The DON was unable to provide documentation that less restrictive measures were trialed or that the use of the alarms was assessed to ensure they were not a restraint. Interview failed to identify why an assessment was not completed prior to use of the alarms. Review of the Chair/Bed Alarm Policy dated 7/2025 identified a chair alarm may be placed on a chair or wheelchair of a resident for his/her safety. The alarm will be used as an alternative to a restraint to alert staff that the resident is attempting to stand up alone. The alarm may also help to remind the resident to ask for assistance to get up. A bed alarm may be placed on a bed for a resident for safety. The alarm can be</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 075074	Facility ID: 075074 If continuation sheet Page 1 of 2

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>used as an alternative to a restraint for residents who attempt to get out of bed alone but are not safe in doing so.</p>		