STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075079	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwich Sub-Acute and Nursing	93 West Town Street Norwich, CT 06360

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075079	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwich Sub-Acute and Nursing	93 West Town Street Norwich, CT 06360

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 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, and interviews for one sampled resident (Resident #1) reviewed for accidents, the facility failed to ensure the resident was transferred in accordance with physician orders and the plan of care to prevent a fall with injury. The failure resulted in an acute mildly displaced fracture of the distal aspect of the fibula. The findings include: Resident #1's diagnoses included deep vein thrombosis (blood clot) of the left lower extremity and anxiety. Physician orders dated 6/6/2025 directed mobility status was an assist of two persons with rolling walker, stand pivot only for transfers, and ambulation with therapy only. Nursing admission note dated 6/6/2025 identified Resident #1 was alert and oriented. The Resident Care Plan dated 6/9/2025 identified Resident #1 required assistance with Activities of Daily Living (ADLs). Interventions directed to transfer and ambulate per physician orders. The Nurse Aide (NA) Care Card dated 7/7/2025 directed to provide assist of two with transfers, stand pivot with rolling walker, and to transfer and ambulate per physician orders. The Facility Incident Report dated 7/8/2025 at 11 AM identified Resident #1 was alert and oriented, required two (2) staff assistance for stand pivot transfers and Resident #1 had a fall with a mildly displaced fracture of right distal (away from the center of the body) fibula (leg bone). The Report further indicated that while NA #1 transferred Resident #1 from the bed to the chair, Resident #1 stated my knee gave out, and twisted my leg, and Resident #1 was transferred to the hospital for evaluation. A nursing note written by RN #1, dated 7/8/2025 at 11:04 AM identified she assessed Resident #1 after he/she was lowered to the floor, and Resident #1 was unable to move his/her right ankle or knee due to pain. Resident #1 indicated his/her knees became weak while NA #1 was transferring him/her, and NA #1 lowered the resident to the floor. The APRN was notified, and Resident #1 was transferred to the hospital. The hospital CT (computed tomography) scan dated 7/8/2025 identified Resident #1 had an acute mildly displaced fracture of the distal aspect of the fibula. The hospital Discharge summary dated [DATE] identified Resident #1 was discharged with a splint application to right lower extremity and required follow up with orthopedic. A nursing note dated 7/8/2025 at 9:07 PM identified Resident #1 returned from hospital at 5:30 PM via stretcher with a splint in place. Positive pedal (foot) pulse to right lower extremity, and Tylenol (analgesic for pain) was given for discomfort with good effect. Physician order dated 7/8/2025 directed splint to remain on at all times until seen by orthopedics; may remove splint for skin checks. The facility incident summary dated 7/15/2025 identified when NA #1 assisted Resident #1 with a transfer out of bed using a rolling walker. Resident #1's knee gave out during the transfer, his/her foot did not move, and Resident #1 twisted his/her leg and NA #1 assisted Resident #1 to the floor. The facility investigation identified at the time of the fall Resident #1 required assistance of two (2) staff for transfers. After Resident #1 was readmitted from the hospital, he/she was non-weight bearing (NWB) to the right lower extremity, required a Hoyer lift for transfers and follow up with orthopedics. Orthopedic Consult dated 7/16/2025 identified Resident #1 stated that on 7/8/2025, he/she was trying to get up to transfer and only had one (1) NA with him/her, and physical therapy had previously told him/her that two (2) staff were required for transfers. Pain was improved with Tylenol, rest, heat, and ice, with current pain as a 5 out of 10 on the pain scale. Current Plan: stable injury amenable to conservative management and recommend transition from the short leg splint to a tall cam boot to support healing fracture for six (6) weeks; cam boot applied. Cam boot applied, may be removed for sleep, hygiene and range of motion, and weight bearing as tolerated (WBAT). May elevate and use ice for pain. Return appointment in five (5) to six (6) weeks with plan to transition to a lace up ankle brace. Interview with the Director of Rehabilitation (DOR) on 7/30/2025 at 9:55 AM identified prior to Resident #1's fall on 7/8/2025, his/her transfer status was an assist of two (2) staff, stand pivot transfers only, and Resident #1 ambulated with therapy only. The DOR stated NA #1 did not follow Resident #1's plan of care when he transferred Resident #1 alone on 7/8/2025, and NA #1 should have obtained assistance from another staff member for the transfer. Interview with NA #1 on 7/30/2025 at 11:05 AM identified on 7/8/2025 at approximately 10:00 AM, he began to transfer Resident #1 into the wheelchair when the resident's knee buckled, and he lowered Resident #1 to the floor. NA #1 identified he believed Resident #1 was an assist of one person and stated he did not verify Resident #1's transfer orders prior to this incident. NA #1 stated he should have verified Resident #1's transfers status on the care card/care plan prior to attempting to transfer the resident alone. Interview with Resident #1 on 7/30/2025 at 12:50 PM identified on 7/8/2025, he/she requested to transfer into his/her wheelchair and NA #1 provided the assistance alone. Resident #1 stated