

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Saint Mary Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Albany Ave West Hartford, CT 06117	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47826</b></p> <p>Based on clinical record reviews, facility documentation, facility policies and interviews for one of three sampled residents (Resident #1) who was having episodes of diarrhea and required staff assistance to unplug an intravenous (IV) pump prior to toileting, the facility failed to respond to the resident's call bell timely which led to the resident utilizing the bed side wash basin to relieve him/herself of a bowel movement. The findings include:</p> <p>Resident #1's diagnoses included acute gastroenteropathy, diarrhea, Methicillin susceptible staph infection, unsteadiness on feet, weakness, and depression.</p> <p>The admission Resident Care Plan dated 5/12/24 identified Resident #1 had a self-care deficit, was at risk for falls, was receiving IV antibiotics for an infection, was on contact precautions due to diarrhea and Norovirus, and was at risk for skin breakdown.</p> <p>Interventions directed to allow the resident to complete as much as possible with activities of daily living tasks and then assist as necessary, provide incontinence care as needed, keep call light in reach, provide IV antibiotics as ordered, pressure reducing air mattress, assist with turning and repositioning, and skin protection after incontinent episodes as needed.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 made reasonable and consistent decisions regarding tasks of daily life, required supervision for bed mobility, and transfers, moderate assistance with ambulation, was occasionally incontinent of urine and frequently incontinent of stool.</p> <p>A nurse's note dated 5/19/24 at 4:53 PM identified Resident #1 continued to have loose stools and the as needed medication Imodium was given with fair effect.</p> <p>Interview with Person #1 on 8/8/24 at 10:10 AM identified on 5/19/24 Resident #1 called him/her very upset stating he/she needed to get Resident #1 out of the facility. Person #1 indicated Resident #1 was hooked up to an IV and had to use the bathroom due to diarrhea and no one was answering the call bell. Person #1 stated she lives close by and came directly to the facility to find Resident #1 had used the bed pan which was found on top of the garbage pail. Person #1 stated Resident #1 was unable to get to the bathroom, because the IV was plugged into the wall and hooked up into his/her arm.</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the 8AM-4PM nurse aide, Nurse Aide (NA) #2, on 8/8/24 at 1:00 PM identified she recalled Resident #1 had a bowel movement on the wash basin and it was on top of the garbage can. NA #2 recalled two (2) staff members went into the room and saw the wash basin, but she could not recall who the staff were. NA #2 identified Resident #1 told her she used the basin because no one was responding to the call bell.</p> <p>Interview with the Director of Nursing (DON) on 8/8/24 at 2:50 PM identified if staff had gotten to Resident #1's room quickly enough, Resident #1 would have likely used the bathroom, and the way Resident #1 relieved herself on the wash basin was not dignified.</p> <p>Review of the facility policy for Resident Rights identified the resident had the right to be treated with dignity in an environment that promotes maintenance or enhancement of quality of life and privacy in treatment and in care for personal needs.</p>		