

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 02/04/2026
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 0684</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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, and staff interviews, for one (1) of two (2) residents (Resident #1) reviewed for an injury of known origin, the facility failed to ensure the resident received necessary care and services when a physician-ordered x-ray was not obtained following complaints of left lower extremity pain, resulting in an eight (8) day delay in diagnosis of acute displaced fractures of the distal tibia and fibula. The findings included: Resident #1 was admitted to the facility on [DATE] with diagnoses that included childhood polio, osteoporosis and Alzheimer's dementia. The Nursing admission assessment dated [DATE] identified Resident #1 was oriented to person, place, time and event. The Resident Care Plan dated 10/9/25 identified Resident #1 was at risk for bilateral leg pain with interventions that included pain medications as ordered, complete pain assessment/evaluations, and observe for non-verbal indicators of pain (facial grimacing, guarding, furrowed brow, increased fatigue). A Rehabilitation Screening dated 12/18/25 identified Resident #1 presented with decreased motorized wheelchair driving ability. Resident #1 was to be out of bed to the customized wheelchair with a 24-hour positioning plan. A Nursing note by LPN #1 dated 12/22/25 at 6:41 PM identified Resident #1 was in pain when he/she moved his/her left foot and would grimace when his/her left foot was moved. LPN #1 administered Tylenol (acetaminophen) 325 mg at 5:00 PM. MD #1 was on site, assessed Resident #1 and ordered an x-ray for suspicions of arthritis. A note by MD #1 dated 12/29/25 identified Resident #1 had a cognitive and functional decline along with weight loss and a sacral deep tissue injury (an area of damaged tissue under the skin that may appear dark purple or maroon and can develop into an open wound). Resident #1's representative agreed with a hospice consult due to a poor prognosis and ongoing decline. A Nursing note dated 12/30/25 at 10:14 PM identified Resident #1 was seen by hospice. Hospice reported that during repositioning of Resident #1's left lower extremity (LLE), Resident #1 complained of severe pain, deformity was noted and LLE swelling was identified below the knee. Per the MD an x-ray was ordered STAT (immediately). Subsequently, Resident #1 was not admitted to hospice. Review of the clinical record identified the physician ordered an x-ray on 12/22/25; however, the order was not entered into the medical record and the x-ray was not obtained until 12/30/25. X-ray reports dated 12/31/25 identified there were acute mildly displaced spiral fractures of the distal tibia and fibula and diffuse osseous demineralization was noted. A Nursing note dated 12/31/25 at 8:55 AM identified the physician was notified of the x-ray results and ordered Resident #1 be transferred to the Emergency Department (ED). An ED note dated 12/31/25 identified x-rays obtained confirmed a closed left distal tibia and fibula fracture. Given Resident #1 was non-ambulatory, non-operative management would be trialed. Resident #1 was administered one (1) tablet of Oxycodone/Acetaminophen and 50 mcg of Fentanyl for pain. Although attempted, an interview with LPN #1 was not obtained. Interview with the DNS on 2/4/25 at 3:00 PM identified there was no order entered for an x-ray on 12/22/25, the x-ray order was missed. She further identified the facility did not have a policy for</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 0684</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>physician's orders but the facility practice was for the provider to enter the orders into the Electronic Medical Record (EMR) under drafts and a nurse would then finalize the order. She identified that a nurse would only enter orders into the EMR for a covering provider who was unfamiliar with the EMR. Interview with MD #1 on 2/5/25 at 10:40 AM identified on 12/22/25, he assessed Resident #1'S left foot for reports of pain and there was no swelling, deformity or bruising. He identified he thought the pain was arthritic. He identified that he ordered x-rays and did not know why the x-rays were not conducted until 12/30/25. He further identified nursing staff and the APRN's enter orders into the EMR and then the MD signs the orders. Although requested, the facility did not have a physician's orders policy or protocol.</p>		