

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Apple Rehab Middletown		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Highland Ave Middletown, CT 06457	

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** 50059</p> <p>Based on clinical record reviews, review of facility documentation and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for an allegation of abuse, the facility failed to report the allegation to the Administrator and/or his/her designee immediately and to the state agency within two (2) hours after the allegation of verbal abuse. The findings include:</p> <p>Resident #1's diagnoses included anxiety, schizoaffective disorder, and asthma.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented and exhibited behavioral symptoms directed towards others, such as verbal threatening, screaming at others, and cursing at others.</p> <p>The Resident Care Plan dated 10/17/24 identified Resident #1 was impulsive and not always able to control behavior and at risk for changes in mood state due to anxiety.</p> <p>Interventions directed to avoid verbal triggers, approach resident at a later date, offer a different staff member, assist resident to another area, to be aware of changes in mood, mental state, and offer to discuss feelings and options to channel feelings.</p> <p>The nurse's note dated 10/20/24 at 4:01 PM identified Resident #1 was heard yelling at a nurse aide while self-propelling back to their room screaming obscenities and racial slurs at the nurse aide and Resident #1 stated did not like the way the nurse aide had spoken to him/her.</p> <p>The Facility Reported Incident dated 10/21/24 at 9:45 AM identified the Administrator and Director of Nursing were reviewing the seventy-two (72) hour report and found that there had been a verbal incident with a staff member and resident. The report indicated that the 10/20/24 incident was reported to the state agency on 10/21/24 at 9:45 AM.</p> <p>In an interview on 11/13/24 at 11:33 AM Resident #1 identified he/she had a verbal exchange with a nurse aide, Nurse Aide (NA) #1, at the nurse's station on 10/20/24.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 11/13/24 at 12:00 PM with the Administrator and Director of Nursing (DON) identified on 10/21/24 during morning shift report, a nurse's note dated 10/20/24 at 4:01 PM indicated a verbal altercation had occurred at the shift change, 7AM-3PM to 3-11PM, between Resident #1 and NA #1. The Administrator stated NA #1 was removed from the schedule and suspended until an investigation was conducted. The DON stated she did not know why the Nursing Supervisor, Registered Nurse (RN) #1, did not call anyone or initiate an investigation into the allegation.</p> <p>In an interview on 11/13/24 at 12:37 PM RN #1 identified she heard yelling coming from the hallway, she went to the nurse's station where she identified Resident #1 was yelling at NA #1.</p> <p>RN #1 identified she assisted the resident back to his/her room, NA #1's shift was completed, and he was leaving the building. RN #1 indicated although she wrote a nurse's note in Resident #1's record and the change of shift report, she did not inform the DON or begin an investigation because she was not aware of a verbal interaction maybe indicative of abuse.</p> <p>Review of the abuse policy directed: The Administrator/DNS or designee will immediately conduct an investigation upon submission of a report to FLIS within 2 hours of notification of alleged allegation of abuse.</p>		