

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 12/11/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50059</p> <p>Based on clinical record reviews, facility documentation, facility policy and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for an allegation of staff to resident abuse, the facility failed to ensure Resident #1 was treated with dignity and respect. The findings include:</p> <p>Resident #1's diagnoses included atrial fibrillation, weakness, and arthritis.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 had no memory deficits, was alert and oriented to person, place, and time, and was dependent on staff for personal hygiene, transferring, and repositioning.</p> <p>The Resident Care Plan dated 9/25/24/24 identified Resident #1 had behaviors characterized by ineffective coping. Interventions directed to offer social services support and not to invade the resident's personal space.</p> <p>The Facility Reported Incident form dated 11/14/24 at 12:30 PM identified Resident #1 alleged on 11/13/24 a nurse aide, Nurse Aide (NA) #1, called him/her a pain in the ass. The investigation identified the incident was witnessed by two (2) other staff members and NA #1 told Resident #1 to stop being a pain in the butt.</p> <p>The social service note dated 11/15/24 (a late entry) identified Resident #1 reported a nurse aide, NA #1, had used inappropriate language and made Resident #1 feel uncomfortable.</p> <p>The social service note dated 11/18/24 identified the social worker met with Resident #1 after NA #1 returned to work pending the conclusion of the investigation and Resident #1 indicated everything was fine between him/her and NA #1.</p> <p>Interview with the Social Worker (SW) #1, on 12/11/24 at 8:30 AM identified Resident #1 called her to his/her room to discuss an inappropriate remark made by NA #1. SW #1 indicated Resident #1 explained he/she became upset yelling when the arm of the wheelchair, which was removed for safe transfer, was not placed where Resident #1 wanted it placed. SW #1 identified NA #1 proceeded to tell Resident #1 he/she was a pain in the butt. SW #1 stated she reported this to the Administrator and Director of Nursing.</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:	Facility ID: 075089
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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>In an interview on 12/11/24 at 9:55 AM NA #1 identified Resident #1 began yelling at another nurse aide and she told Resident #1 to stop being a pain in the butt.</p> <p>Interview with the Administrator on 12/11/24 at 10:12 AM identified SW #1 reported Resident #1 stated NA #1 made an inappropriate remark that caused him/her to feel bad. The Administrator indicated NA #1 was removed from the schedule and an investigation was conducted. At the conclusion of the investigation NA #1 returned to work.</p> <p>Interview with Resident #1 on 12/11/24 at 10:20 AM he/she identified NA #1 stated he/she had been a pain in the butt when Resident #1 asked the wheelchair arm to be removed from the top of the chair. Resident #1 identified although he/she had a bantering repour with NA #1, this incident made him/her feel disrespected.</p> <p>Review of the Residents Rights Policy identified the Residents Right to be treated with consideration, respect and full recognition of dignity and individuality.</p>