

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Hebrew Center for Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Abrahams Blvd 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49021</p> <p>Based on clinical record reviews, review of facility documentation and policies, and interviews for one of five sampled residents (Resident #4) reviewed for an allegation of resident-to-resident physical abuse, Resident #4 was not free from physical abuse when Resident #4 was punched in the back by Resident #5 while walking in the hallway. The findings include:</p> <p>Resident #4's diagnoses included Alzheimer's disease, insomnia, and cognitive communication deficit.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified that Resident #4 rarely or never made decisions regarding tasks of daily life, difficulty focusing attention, disorganized thinking, and required minimal assistance of staff with getting in and out of the bed and chair and ambulating.</p> <p>Resident #5's diagnoses included bipolar disorder, dementia, and anxiety.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified that Resident #5 rarely or never made decisions regarding tasks of daily life and required supervision or touching assistance with most activities of daily living.</p> <p>The nurse's progress note dated 12/31/23 at 8:07 AM identified Resident #4 was punched in the back by another resident, the charge nurse and nursing supervisor were notified, and a skin check assessment noted no areas of bruising or swelling to the back.</p> <p>The Facility Reported Incident form dated 12/31/23 identified Resident #4 and Resident #5 were walking in the hallway around 6:30 AM, Resident #5 became agitated when Resident #4 walked in front of Resident #5, at which time Resident #5 asked Resident #4 to move. The report indicated as Resident #4 was in the process of moving when Resident #5 struck Resident #4 in the back.</p> <p>Interview and review of the Facility Reported Incident form with the Director of Nursing (DON) on 6/13/24 at 12:30 PM identified both residents were unable to recall details regarding the incident. The investigation identified Resident #5 became agitated when Resident #4 walked in front of Resident #5 in the hallway, Resident #5 asked Resident #4 to move and as Resident #4 was in the process of moving when Resident #5 struck Resident #4 in the back.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the 11PM-7AM nurse aide, Nurse Aide (NA) #2, on 6/13/24 at 3:11 PM identified Resident #4 was very pleasant and walking in the hallway by the nurse's station on 12/31/23 during the 11PM-7AM shift. NA#2 indicated Resident #5 was also walking in the hallway by the nurse's station and was very agitated. NA#2 stated she heard Resident #5 make a comment about Resident #4 and Resident #5 stated he/she was going to hit Resident #4. NA #2 identified Resident #5 then walked by Resident #4 and punched Resident #4 in the back twice. NA #2 identified Resident #5 was not able to be redirected by staff on the night of the incident and indicated Resident #5 stated intent to hit Resident #4 and then did.</p> <p>Review of facility Abuse policy identified abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish and directed that each resident has the right to be free from abuse and will not be subjected to abuse by anyone, including other residents.</p>		

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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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49021</p> <p>Based on clinical record review, review of facility documentation, review of facility policy, and interviews for one of three sampled residents (Resident #1) who were reviewed for an allegation of verbal abuse, the facility failed to ensure an allegation of abuse was reported within two (2) hours to the administrator or designee. The findings include:</p> <p>Resident #1's diagnoses included dementia, and osteoporosis.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 rarely or never made decisions regarding tasks of daily life and was dependent on staff for most activities of daily living.</p> <p>Review of the Facility Reported Incident form dated 5/23/24 at 10:45 AM identified a staff member allegedly overhead a nurse aide tell Resident #1 to shut up on 5/10/24 at 10:00 AM.</p> <p>Interview and review of the Facility Reported Incident with the Director of Nursing (DON) on 6/13/24 at 12:00 PM identified an Occupational Therapist, OT#1, was the staff member that overheard the incident on 5/10/24 and reported the allegation on 5/23/24, thirteen (13) days later. The DON indicated she was informed of the allegation of verbal abuse on 5/23/24 at which the time the reportable event report was completed and submitted via the state portal to the State Agency. The DON indicated it was the expectation to be notified of immediately by facility staff when an allegation of abuse was identified.</p> <p>Interview with OT #1 on 6/13/24 at 1:00 PM indicated she allegedly heard a nurse aide be verbally aggressive to a resident on 5/23/24 at 9:00 AM. OT #1 indicated she knocked on the door and asked if everything was okay and the nurse aide stated everything was fine. OT #1 identified she left the room and continued to hear the same comments and thought the aide told Resident #1 to shut up. OT#1 identified the facility policy was to report an allegation of abuse immediately and she did not immediately report the allegation to the supervisor on 5/10/24.</p> <p>Review of the facility Abuse policy dated 12/2023 directed that any allegation of abuse that is observed, reported, or suspected by any employee was to be reported to the administrative staff or nursing supervisor on duty immediately.</p> <p>Review of facility documentation identified that the facility completed a root cause analysis of the failure to notify the state survey agency of an abuse allegation in a timely manner. They made an action plan to educate nursing and therapy staff and to audit the timeliness of the reporting of any reportable events.</p> <p>Review of facility documentation identified staff education sign in sheets with the noted topic: Abuse/Resident's right-policy/procedure review dated 5/13/24, 5/23/24, 5/24/24, 5/25/24, 5/28/24 and 5/29/24. It appears to cover all the staff inclusive of nursing, dietary, maintenance, housekeeping, administrative, and the rehabilitation staff.</p> <p>(continued on next page)</p>		

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F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Audits of allegations of abuse, injuries of unknown origin and falls with injuries were conducted to determine if the incidents were reported in a timely manner. The audits are dated 5/19/24, 5/23/24, 5/16/24,6/10/24, 6/16/24, 6/20/24, 6/25/24, 7/7/24 and 7/16/24. They all indicate that the incidents/allegations were reported timely.		