

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 02/19/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation/policy, and interviews for one (1) of two (2) residents (Resident #1) reviewed for abuse, the facility failed to implement the comprehensive care plan which directed two-person staff assistance during care. The findings include: Resident #1 was admitted to the facility with diagnoses that included multiple sclerosis (MS), borderline personality disorder and generalized anxiety. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had intact cognition (Brief Interview for Mental Status score of 15), was always incontinent of bladder, frequently incontinent of bowel, required substantial/maximal assistance (staff does more than half the effort) with personal hygiene and bathing and was dependent on staff (staff does all of the effort) with toileting hygiene. The Resident Care Plan (RCP) dated 11/21/25 identified Resident #1 needed assistance with activities of daily living (ADL) due to a diagnosis of MS and progression of disease process. Interventions included two staff for dressing to assist Resident #1 to choose simple comfortable clothing that enhanced Resident #1's ability to dress self, substantial/maximal assist of two staff for bathing/showering, dressing, personal hygiene/oral care and toileting. The care plan further identified Resident #1 had bipolar disorder and antisocial behavior problems related to accusatory statements towards staff. Interventions included two staff to be present for extensive assistance with care and to monitor for target behaviors. A progress note by APRN #1 (psychiatric APRN) on 12/30/25 identified Resident #1 had diagnoses that included generalized anxiety disorder, borderline personality disorder, bipolar disorder and insomnia. The note identified Resident #1 had no acute psychiatric symptoms noted and to continue current medications and monitoring. A physician's order dated January 2026 directed to monitor for target behavior; accusatory to staff, delusions, verbal/physical aggression and manic behavior. Review of the Resident Care Card (RCC) (undated) identified Resident #1 required two staff for bathing, bed mobility, toileting, personal hygiene, dressing and transferring. The RCC further identified Resident #1 required two staff assistance for all care. Review of the bladder elimination flowsheet dated 1/24/26 identified at 5:30 AM Resident #1 was incontinent and provided care by NA #1. The Reportable Event form by the DNS dated 1/23/26 identified Resident #1 alleged the 11:00 PM to 7:00 AM nurse aid (NA #1) was rough during care. There were no injuries noted, the physician and police were notified. A statement completed by RN #1 dated 1/23/26 identified during wound rounds, Resident #1 reported he/she was being abused by NA #1. Resident #1 identified when NA #1 turned him/her, NA #1 was a little rough. Resident #1 stated he/she did not feel like he/she was abused and did not want a different NA. A statement completed by the ADNS dated 1/23/26 identified she saw Resident #1 on 1/23/26 at 10:00 AM. Resident #1 stated NA #1 rushed when providing incontinence care/turning/repositioning. Interview with the ADNS on 2/19/26 at 12:45 PM identified Resident #1 was an assist of two staff members for all care due to a history of psychosocial behaviors. Interview with NA #1 on 2/19/26 at 1:40 PM identified she was</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
---	-------	-----------

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 02/19/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #1's regular NA on the 11:00 PM to 7:00 AM shift. She identified on 1/23/26 during the 11:00 PM to 7:00 AM shift Resident #1 slept through the night. She identified she provided Resident #1 with water through the night. Around 5:15 AM NA #1 provided incontinent care for Resident #1 which included turning Resident #1 to his/her side, providing personal care and changing Resident #1's brief. NA #1 identified it was just herself providing care and no other staff members were present in the room. She identified she was aware Resident #1 was an assist of two staff members for care but provided care herself because Resident #1's care could be performed by one staff member. She further identified she checked the RCCs at times, and at times, she did not. Interview with NA #2 on 2/19/26 at 2:40 PM identified she was Resident #1's regular NA on the 7:00 AM to 3:00 PM shift. She identified Resident #1 required two staff members for transfers with a Hoyer lift. NA #2 further identified she provided incontinent care and repositioning for Resident #1 independently because she was able to do so. Interview with NA #3 on 2/19/23 at 2:50 PM identified she is Resident #1 regular NA on the 3:00 PM to 11:00 PM shift. She identified Resident #1 required two staff members for transfers with a Hoyer lift. She further identified Resident #1 was an assist of one for incontinent care, personal hygiene and repositioning. She further identified she had never seen two staff members provide ADL care for Resident #1. Interview with the DNS on 2/19/26 at 3:25 PM identified if a resident's care plan identified two staff members for ADLs, the resident should have two staff present for care. Resident #1 should have had two staff members present for care. Review of the ADL policy directed staff to provide assistance to complete ADL activities per the person centered evaluation and care plan. Review of the Baseline/Comprehensive Person Centered Care Plan policy identified the person-centered care plan is developed to include information necessary to properly care the resident. The comprehensive person-centered care plan will be implemented by qualified members of the facility staff. All clinical department heads are responsible to ensure that there is a system fo0r monitoring implementation of the resident care plans.</p>		