

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Wolcott Hall Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Forest St Torrington, CT 06790	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>40172</p> <p>Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for grievances, the facility failed to initiate a grievance concern for a missing item. The findings include:</p> <p>Resident #1 had diagnoses that included dementia, anxiety, agitation, and depression.</p> <p>A progress note dated 1/10/2023 at 12:07 P.M. written by the Administrator identified she was notified of Resident #1's misplaced wedding ring. The Administrator identified a concern form would be initiated, she spoke with Resident #1's family member regarding Resident #1's misplaced wedding ring and will initiate a search.</p> <p>A progress note dated 1/11/2023 at 8:25 P.M. written by the Administrator identified she followed up with Resident #1's family member in person today regarding Resident #1's misplaced ring and a search was still in progress.</p> <p>Review of the facility's Grievance Log from 1/1/2023 to 12/31/2023 failed to provide documentation to reflect a grievance concern form was completed on 1/10/2023 for Resident #1's missing wedding ring.</p> <p>Interview and clinical record review with Administrator on 7/3/2024 at 1:35 P.M. she was unable to provide documentation to reflect that on 1/10/2023 when Resident #1's wedding ring was misplaced that a grievance concern form was completed nor documentation to identify the outcome of the grievance. The Administrator identified the social worker is responsible for completing a grievance concern form when a resident reports a missing item and once the investigation is completed the summary is documented on the concern form to indicate the findings. The Administrator identified on 1/10/2023 the facility was without a social worker and that a grievance concern form was not completed when Resident #1's wedding ring was reported to be misplaced. The Administrator indicated that Resident #1's wedding ring was found to be in possession by h/her family member, however, she was unable to provide documentation to reflect Resident #1's misplaced wedding ring was found. Upon surveyor inquiry the Administrator provided this surveyor with a progress note dated 7/3/2024 at 10:24 A.M. (the day of the survey) that indicated she had discussed with the former therapeutic recreation director who confirmed Resident #1's ring was with h/her family member and that the former infection preventionist had confirmed that Resident #1's family member had the ring.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility grievance policy, in part, identified it is the right of a resident and/or responsible party to have a prompt and reasonable resolution of a complaint or concern. Each concern form will contain the concern, the resolution, and the person responsible for resolving the concern. The grievance policy directs a complaint or concern should be put in writing using the concern form, the concern form shall be completed as soon as possible, and the resident/responsible party shall be informed of the resolution.</p>		