

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Greentree Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4 Greentree Drive Waterford, CT 06385	
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)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41682</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for two of two residents (Resident #1 and #2) reviewed for abuse, the facility failed to ensure the residents were free from mistreatment. The findings include:</p> <p>A. Resident #1's diagnoses included depression and anxiety. The Resident Care Plan (RCP) dated 4/24/2025 identified Resident #1 was incontinent of bladder. Interventions directed to provide incontinent care every two hours and as needed, and update the nurse for any areas of skin breakdown. The quarterly Minimum Data (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen (15/15), indicative of being cognitively intact and required substantial assistance to dependent with ADLs (activities of daily living).</p> <p>B. Resident #2's diagnoses included congestive heart failure and mental disorder due to known physiological condition. The admission MDS assessment dated [DATE] identified Resident #2 had a BIMS score of fifteen out of fifteen (15/15), indicative of being cognitively intact and was partial to substantial assistance with ADLs (activities of daily living). The RCP dated 4/2/2025 identified Resident #2 has a pressure ulcer and requires wound management. Interventions directed to provide wound care per treatment order.</p> <p>Record review and observations identified Resident #1 and Resident #2 were roommates.</p> <p>A facility reportable event form and investigation dated 5/1/2025 at 1:00 PM identified Resident #1 contacted the Administrator by phone and requested an in-person conversation. At that time, Resident #1 reported that NA #1 on the evening shift had yelled at him/her using profanity, when asked Resident #1 requested help with a bedpan. Resident #2 was also interviewed and corroborated the complaint, and NA #1 was suspended pending investigation results. The investigation included staff statements, and identified NA #2 was also involved in the incident and was suspended as well. The facility investigation substantiated the allegation of verbal abuse, Resident #1 and Resident #2 were provided with social service support visits, and the residents were informed the NAs involved would not return to the facility.</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 Resident #1 on 5/15/2025 at 11:00 AM identified on 4/30/2025 at approximately 7:30 PM, Resident #1 rang his/her call bell to use the bedpan. Resident #1 indicated the curtain was closed and he/she was not able to see anything beyond his/her area. Resident #1 indicated when the staff member arrived in the room, she immediately began yelling/screaming at Resident #2, stating what are you calling for and you're ringing every two f***** seconds. Resident #2 responded by saying I wasn't calling and Resident #1 intervened and said, it was me calling. The staff member did not respond and left the room. Resident #1 indicated the staff member did not provide any care and later LPN #1 came into the room and placed Resident #1 on the bedpan. Resident #1 further indicated he/she did not report the incident until the next day when he/she reported it to the Administrator. Resident #1 stated he/she believed the staff person's voice that responded to the room was NA #1.</p> <p>Interview with Resident #2 on 5/16/2025 at 3:20 PM identified on 4/30/2025 during the 3:00 PM to 11:00 PM shift, Resident #1 had called for assistance and when NA #1 came into the doorway, NA #1 began yelling/screaming/swearing. Resident #2 indicated NA #1 had said you're ringing the bell every f*****g two seconds and made other statements that included swearing and then left the room. Resident #2 indicated NA #1 never assisted Resident #1 with his/her request.</p> <p>Interview with NA #1 on 5/15/2025 at 12:00 PM identified she worked on 4/30/2025 during the 3:00 PM to 11:00 PM shift, and her assignment was heavy with many incontinent residents and residents who utilize the call bell frequently. NA #1 identified she was overwhelmed during the shift and had no assistance from other staff and when she answered a resident's call light, she would initially tell them that she needed to get help first and would come back. NA #1 denied the allegation and indicated she did not swear and would never say those types of statements to the residents.</p> <p>Interview with LPN #1 on 5/15/2025 at 2:05 PM identified on 4/30/2025 during the 3:00 PM to 11:00 PM shift, NA #1 and NA #2 worked on the same unit. LPN #1 indicated that during the shift she heard NA #2 say loudly, why you ringing, and what you want but indicated she's unable to verify when and where she heard the comments. LPN #1 identified NA #2 normally talks like that in general, but not in a negative way. LPN #1 indicated she did not hear either NA #1 or NA #2 make the alleged comments to Resident #1 or Resident #2.</p> <p>Interview with the DON on 5/15/2025 at 2:45 PM identified on 5/1/2025, Resident #1 reported the allegation to the Administrator. The DON indicated that both Resident #1 and Resident #2 were interviewed, and the facility investigation substantiated that the residents were verbally abused by NA #1. Further, NA #1 was an agency NA, and they would not schedule her in the future, and NA #2 resigned prior to the completion of the investigation.</p> <p>Review of the undated facility Abuse Policy directed in part, the facility will ensure each resident is treated with kindness, compassion, and in a dignified manner, and abuse or mistreatment toward a resident was strictly prohibited. Verbal abuse was defined as the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents, or within their hearing distance, regardless of their ability to comprehend. Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten a resident/patient, such as telling a resident/patient that he/she will never see their family again.</p>		