STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075117	A. Building B. Wing	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nathaniel Witherell, The	70 Parsonage Rd Greenwich, CT 06830

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	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation, and staff interviews for two of three sampled residents (Resident #1 and #2) reviewed for abuse, the facility failed to ensure Resident #1 and Resident #2 were free from mistreatment. The findings include: 1. Resident #1 had diagnoses that included anxiety, depression, altered mental status, and adjustment disorder. The Quarterly Minimum Data Set (MDS) dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of 5 indicating severely impaired cognition and had no behaviors. The Resident Care Plan (RCP) dated 11/15/2024 identified adjustment issues. Interventions directed to invite resident to activity programs and to encourage the resident to participate in conversation. Review of facility incident report dated 11/26/2024 at 7 PM identified on 11/25/2024 at 8 PM the evening supervisor reported an allegation of abuse was received from a NA instructor. The NA instructor indicated two student NAs worked on 11/25/2024 during the evening shift with NA #1 and reported verbal abuse and inappropriate sexual gestures were made toward residents by NA #1. Student NA #1 and #2 identified the residents as Resident #1 and 2. Interview with Student NA #1 on 12/11/2024 at 11:57 AM identified she was at the facility on 11/25/2024 for clinical experience and observed NA #1. Student NA #1 she and Student NA #2 witnessed Resident #1 request a walker and NA #1 responded by saying, no, he/she needs to say please first, and that Resident #1 is so rude his/her daughter does not like him/her. NA #1 then walked Resident #1 to the bathroom, said Resident #1 was going to pay with his/her genitalia, and said your child took Resident #1's house and is in your bed with his/her spouse. NA #1 then shook her butt in front of the resident and said this is what they are doing on your bed. Resident #1 told NA #1 to shut up, and NA #1 then told Resident #1 to shut up. As NA #1 left the room, Student NA #1 stated she observed NA #1 display her middle finger to the resident. (continued on next page)

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: 075117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Nathaniel Witherell, The		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Parsonage Rd Greenwich, CT 06830	

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	Interview with Student NA #2 on 12/11/2024 at 12:42 PM identified she was at the facility on 11/25/2024 for clinical and was observing NA #1. When she, Student NA #1, and NA #1 were in Resident #1's room, she witnessed NA #1 tell Resident #1 to say please first before NA #1 would give a walker. Student NA #2 stated she observed NA #1 comment that Resident #1 was going to play with his/her genitals, and told the resident was rude and that is why his/her child hates him/her. Further, NA #1 shook his/her but in front of Resident #1 while saying this is what your child and spouse are doing on your bed. When Resident #1 told NA #1 to shut up, NA #1 responded by saying shut up and as they left the room NA #1 showed her middle finger to the resident. Interview with NA #1 on 12/11/2024 at 2:04 PM identified she denied the allegations. Interview and record review with the DNS on 12/16/2024 at 11:30 AM identified facility investigation substantiated the allegations. 2. Resident #2 had a diagnosis of dementia, altered mental status, and anxiety. The quarterly MDS dated [DATE] identified Resident #2 had a BIMS of 5 indicating severely impaired cognition, was incontinent, and required maximal assistance with ADLs. An RCP dated 9/27/2024 identified impaired cognition. Interventions directed to provide incontinent care, praise all efforts at self-care, and ask yes and no questions to determine the resident's needs. Facility incident report dated 11/26/2024 at 7 PM identified two student NA were assigned to work with NA #1 on 11/25/2024, and at about 7 PM the DNS received a call from the evening Supervisor reporting the student's instructor reported an allegation of verbal abuse and inappropriate sexual gestures made by NA #1 to Resident #2. Interview with Student NA #1 on 12/11/2024 at 11:57 AM identified on 11/25/2024 when she and Student NA #2 were observing NA #1 provide incontinent care, NA #1 told Resident #2 he/she stinks. NA #1 further then told Resident #2 that she was going to apply Vaseline on his/her genitals to make it easier for him/her to sleep with his/her spouse. Interview with Student NA #2 on 12/11/2024 at 12:42 PM identified on 11/25/2024 when she and Student NA #1 were observing NA #1 provide incontinent care, NA #1 told Resident #2 God kill him/her, and that she was going to apply Vaseline on his/her genitals to make it easier for him/her to sleep with his/her spouse. Interview with NA #1 on 12/11/2024 at 2:04 PM identified she denied the allegations. Interview and record review with the DNS on 12/16/2024 at 11:30 AM identified the facility investigation substantiated the allegations. Review of the Abuse of Resident facility policy dated 10/9/23 directed in part, residents have the right to be free from verbal, sexual, physical, and mental abuse. Further, the Policy directed abuse is the willful infliction of injury, intimidation, punishment, or deprivation by an individual, of care or services that are neccessary to maintain physical and/or mental well being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075117	A. Building B. Wing	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nathaniel Witherell, The	70 Parsonage Rd Greenwich, CT 06830

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on facility record review for abuse, the facility failed to ensure the facility policy directed abuse education for student nurse aides prior to placement on a resident unit. The findings include: Please reference F609. Review of facility Elder Abuse, Neglect and Prevention Policies and Procedural Guidelines dated 10/9/23 identified staff to be trained to observe for and respond to actual or potential resident abuse. The Policy defined abuse and directed to provide mandatory, periodic and as needed training of all staff. Additional review failed to identify the facility policy directed abuse education prior to student nurse aides placement on a nursing unit. Interview and facility policy review with the DNS on 12/16/2024 at 11:30 AM identified the facility policy provides abuse education to staff, and the facility sends abuse education to the school to provide the education to the student nurse aides. The DNS was unable to provide documentation that the education was provided to the students, and stated she did not review any documentation prior to the students being placed on nursing units to ensure abuse education was provided. Interview failed to identify the policy directed abuse education prior to placement on a nursing unit to facilitation recognition and timely reporting of abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER: Nathaniel Witherell, The		STREET ADDRESS, CITY, STATE, ZIP CODE: 70 Parsonage Rd Greenwich, CT 06830	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation, and staff interviews for three sampled residents (Resident #1, 2 and 3) reviewed for abuse, the facility failed to ensure allegations of mistreatment were reported timely. The findings include: 1. Resident #1 had diagnoses that included anxiety, depression, altered mental status, and adjustment disorder. The Quarterly Minimum Data Set (MDS) dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of 5 indicating severely impaired cognition and had no behaviors. The Resident Care Plan (RCP) dated 11/15/2024 identified adjustment issues. Interventions directed to invite resident to activity programs and to encourage the resident to participate in conversation. Review of facility incident report dated 11/26/2024 at 7 PM identified on 11/25/2024 at 8 PM the evening supervisor reported an allegation of abuse was received from a NA instructor. The NA instructor indicated two student NAs worked on 11/25/2024 during the evening shift with NA #1 and reported verbal abuse and inappropriate sexual gestures were made toward residents by NA #1. Student NA #1 and #2 identified the residents as Resident #1 and 2. Interview with Student NA #1 on 12/11/2024 at 11:57 AM identified she was at the facility on 11/25/2024 for clinical experience and observed NA #1. Student NA #1 she and Student NA #2 witnessed Resident #1 request a walker and NA #1 responded by saying, no, he/she needs to say please first, and that Resident #1 is so rude his/her daughter does not like him/her. NA #1 then walked Resident #1 to the bathroom, said Resident #1 was going to pay with his/her genitalia, and said your child took Resident #1's house and is in your bed with his/her spouse. NA #1 then shook her butt in front of the resident and said this is what they are doing on your bed. Resident #1 told NA #1 to shut up, and NA #1 then told Resident #1 to shut up. As NA #1 left the room, Student NA #1 stated she observed NA #1 display her middle finger to the resident. Interview with Student NA #2 on 12/11/2024 at 12:42 PM identified she was at the facility on 11/25/2024 for clinical and was observing NA #1. When she, Student NA #1, and NA #1 were in Resident #1's room, she witnessed NA #1 tell Resident #1 to say please first before NA #1 would give a walker. Student NA #2 stated she observed NA #1 comment that Resident #1 was going to play with his/her genitals, and told the resident was rude and that is why his/her child hates him/her. Further, NA #1 shook his/her but in front of Resident #1 while saying this is what your child and spouse are doing on your bed. When Resident #1 told NA #1 to shut up, NA #1 responded by saying shut up and as they left the room NA #1 showed her middle finger to the resident. Interview with NA #1 on 12/11/2024 at 2:04 PM identified she denies the allegations. Interview and record review with the DNS on 12/16/2024 at 11:30 AM identified the incident occurred on 11/25 at 8 PM and was not reported to her until 11/26/2024 at 7 PM (23 hours after the incident occurred). The DNS stated the allegation should have been reported on 11/25/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Nathaniel Witherell, The		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Parsonage Rd Greenwich, CT 06830	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident #2 had a diagnosis of dementia, altered mental status, and anxiety. The quarterly MDS dated [DATE] identified Resident #2 had a BIMS of 5 indicating severely impaired cognition, was incontinent, and required maximal assistance with ADLs. An RCP dated 9/27/2024 identified impaired cognition. Interventions directed to provide incontinent care, praise all efforts at self-care, and ask yes and no questions to determine the resident's needs. Facility incident report dated 11/26/2024 at 7 PM identified two student NA were assigned to work with NA #1 on 11/25/2024, and at about 7 PM the DNS received a call from the evening Supervisor reporting the student's instructor reported an allegation of verbal abuse and inappropriate sexual gestures made by NA #1 to Resident #2. Interview with Student NA #1 on 12/11/2024 at 11:57 AM identified on 11/25/2024 when she and Student NA #2 were observing NA #1 provide incontinent care, NA #1 told Resident #2 he/she stinks. NA #1 further then told Resident #2 that she was going to apply Vaseline on his/her genitals to make it easier for him/her to sleep with his/her spouse. Interview with Student NA #2 on 12/11/2024 at 12:42 PM identified on 11/25/2024 when she and Student NA #1 were observing NA #1 provide incontinent care, NA #1 told Resident #2 God kill him/her, and that she was going to apply Vaseline on his/her genitals to make it easier for him/her to sleep with his/her spouse. Interview with NA #1 on 12/11/2024 at 2:04 PM identified she denied the allegations. Interview and record review with the DNS on 12/16/2024 at 11:30 AM identified the incident occurred on 11/25/2024 at 8 PM and was not reported to her until 11/26/2024at 7 PM (23 hours after the incident). The DNS stated the allegation should have been reported on 11/25/2024. 3. Resident #3 had a diagnosis of anxiety and adjustment disorder. Quarterly Minimum Data Set (MDS) dated [DATE] identified Resident #3 had a Brief Interview for Mental Status (BIMS) score of 11 indicating moderately impaired cognition, no behaviors, and was dependent on toileting and showering. Resident Care Plan (RCP) dated 7/31/2024 identified activities of daily living deficit, impaired coping, anxiety. Interventions directed to allow resident time to answer questions, verbalize feelings, and provide care in a calm and reassuring manner. Facility reportable incident report dated 8/16/2024 at 10:30 AM identified Resident #3 was alert and oriented, and at 10:15 AM alleged NA #10 dragged me out of bed, threw me on the floor and kicked me. Further, the report indicated Resident #3 told the local police NA #10 tried to kick him/her and he/she landed on the wheelchair, and her visitors made NA #10 stop. Facility summary dated 8/20/2024 identified Resident #3 had a history of hallucinations, was seen by the APRN and verbalized he/she knew the allegation was not real. Social Worker note dated 8/16/2024 at 11:16 AM identified Resident #3 reported an incident involving a NA, and that he/she has hallucinations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Nathaniel Witherell, The		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Parsonage Rd Greenwich, CT 06830	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of RN #1's written statement dated 8/16/2024 identified on 8/15/2024 the charge nurse on 8/15/2024 was aware Resident #3 alleged NA #10 dragged him/her from the bed, threw him/her on the floor and kicked him/her. The statement indicated the charge nurse decided the abuse allegation was not real and it did not meet the criteria for reporting. Interview and record review with the DNS on 12/16/2024 at 2:53 PM identified on 8/15/2024 Resident #3 told the charge nurse about the allegation of abuse as described, but the nurse failed to report the allegation because the resident has a history of making things up. Resident #3 reported the allegation to the social worker, who reported it to the DNS, and indicated at the end of the conversation, Resident #3 stated he/she was lying. An assessment was completed no bruising, swelling, redness, change in range of motion or mental status was noted. The DNS stated although she would expect the allegation to be reported immediately and should have reported it immediately, the nurse did not report the allegation because she felt it was not real. Review of Abuse of Resident facility policy dated 10/9/23 directed in part, employees are obligated to report any allegations, complaints, observations, or suspicions of abuse of a resident to their supervisor within 2 hours of the allegation or incident that occurred.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Nathaniel Witherell, The		STREET ADDRESS, CITY, STATE, ZIP CODE 70 Parsonage Rd Greenwich, CT 06830	

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on facility documentation and staff interviews for staff education review, the facility failed to ensure students providing resident care were provided abuse education timely. The findings include: On 11/25/2024 on the 3 PM to 11 PM multiple student aides were in the facility from a local community Nurse Aide program for their clinical experience. Facility documentation review failed to identify abuse education was provided for the student aides prior to their providing resident care. Interview with the DNS on 12/20/2024 at 11:25 AM identified the facility did not have a process in place to provide student aides abuse education prior to the students providing resident care. The DNS further indicated that in the past the school program would be given an educational packet for the students to complete prior to their arrival at the facility for their clinical experience. The DNS stated she did not have any documentation that the abuse education was provided, and she did not follow up with the school instructors to ensure the educational packet was given and was completed prior to providing residents with care. Review of the Abuse of Resident facility policy dated 10/9/23 directed in part, to provide periodic and as needed, and assure attendance, of mandatory orientation and training for all facility employees regarding the definition of resident abuse and the facility's procedures for handling resident abuse.