

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Bloomfield Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 355 Park Avenue Bloomfield, CT 06002	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47826</p> <p>Based on clinical record reviews, facility documentation, facility policy and interviews for three (3) of four (4) sampled residents (Residents #2, #3, and #4) who were reviewed for resident-to-resident physical abuse, the facility failed to ensure Resident #1 did not have physical contact with Residents #2, #3, and #4. The findings include:</p> <p>1. Resident #1's diagnoses included Alzheimer's Disease, anxiety, and psychotic disorder with delusions.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 had short- and long-term memory deficits, had not exhibited any behaviors in the past seven (7) days, was independent with ambulating, and received antipsychotic, antianxiety, and antidepressant medications.</p> <p>The Resident Care Plan dated 9/12/24 identified Resident #1 had an altered thought processes and the potential to become physically aggressive due to a history of aggression towards another resident and dementia.</p> <p>Interventions directed to provide one (1) to one (1) support as needed for increased agitation or aggression, administer medications as ordered and monitor for side effects, evaluate resident needs for food, drink and toileting, and provide psychiatric services as needed.</p> <p>Resident #2's diagnoses included dementia, schizoaffective disorder, and depression.</p> <p>The Resident Care Plan dated 8/22/24 identified Resident #2 exhibited behaviors and had been physically aggressive in the past due to schizoaffective disorder and poor impulse control.</p> <p>Interventions directed to administer medications as ordered, provide opportunities for positive interactions, speak in a calm manner, monitor behaviors, provide psychiatric services as needed, and provide one (1) to one (1) support as needed</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #2 had short- and long-term memory deficits, had verbal outbursts, rejected care, and was independent with ambulating.</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: 075138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Bloomfield Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 355 Park Avenue Bloomfield, CT 06002	
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>The Facility Reported Incident form dated 10/6/24 at 6:30 AM identified when Resident #1 was trying to enter Resident #2's room, Resident #2 began arguing with Resident #1 and then Resident #1 struck Resident #2 on the left side of the face, the eye area.</p> <p>The nurse's note for Resident #1 dated 10/6/24 at 7:35 AM identified Resident #1 entered Resident #2's room and when Resident #2 asked Resident #1 to leave his/her room, Resident #1 hit Resident #2 on the left side of the face. The note identified Resident #1 was placed on one (1) to one (1) supervision, and Resident #1's conservator, Advanced Practice Registered Nurse and police were notified.</p> <p>The psychiatric evaluation note dated 10/6/24 identified Resident #1 was not able to recall the altercation with Resident #2 which was consistent with progressing dementia, Resident #1 was not agitated and was not a harm to self or others. The physician directed to discontinue the one (1) to one (1) supervision, to continue to monitor for worsening agitation, and recommended ongoing redirection and placing a stop sign at Resident #2's door.</p> <p>The nurse's note for Resident #2 dated 10/6/24 at 8:06 AM identified Resident #2 had a black and blue area near the left eye, and the skin was intact.</p> <p>The psychiatric evaluation note for Resident #2 dated 10/6/24 identified Resident #2 denied any acute distress or agitation in response to the alleged assault by Resident #1.</p> <p>2. Resident #3's diagnoses included mild cognitive impairment, schizophrenia, and anxiety.</p> <p>The annual Minimum Data Set assessment dated [DATE] identified Resident #3 had some memory recall deficits, had not exhibited any behaviors in the past seven (7) days, and was ambulatory.</p> <p>The Resident Care Plan dated 9/24/24 identified Resident #3 exhibited behaviors and had impaired cognitive function.</p> <p>Interventions directed to administer medications as ordered, provide psychiatric services as needed, provide opportunities for positive interactions, speak in a calm manner, and monitor for target behaviors.</p> <p>The Facility Reported Incident form dated 10/10/24 at 3:30 PM identified the charge nurse heard a resident crying out for help from a room, Resident #1 was observed striking his/her roommate, Resident #3 with slippers, the residents were separated, the investigation indicated Resident #1 was targeting Resident #3, Resident #1 was place on one (1) to one (1) supervision until Resident #3's room was changed on 10/11/24.</p> <p>The nurse's note for Resident #1 dated 10/10/24 at 11:33 PM identified Resident #1 had a physical altercation with Resident #3 and was placed on one (1) to one (1) supervision per the physician's order.</p> <p>The psychiatric evaluation note for Resident #1 dated 10/10/24 identified Resident #1 was seen for repeated aggression, Ativan as needed was added to help control the agitation, a stop sign to be implemented in Resident #3's room and discontinue one (1) to one (1) once Resident #3 has been moved to a new room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Bloomfield Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 355 Park Avenue Bloomfield, CT 06002	
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>The nurse's note for Resident #3 dated 10/10/24 at 4:54 PM identified Resident #3 did not have any visible injuries noted and denied pain.</p> <p>Interview with Resident #3 on 10/25/24 at 1:30 PM identified he/she recalled the altercation that occurred with Resident #1 on 10/10/24. Resident #3 stated Resident #1 attacked me and pointed to his/her head and body. Resident #3 identified feeling safe since changing rooms.</p> <p>3. Resident #4's diagnoses included paranoid schizophrenia and adjustment disorder.</p> <p>The Resident Care Plan dated 8/15/24 identified Resident #4 had a self-care deficit, exhibited behaviors due to schizophrenia, and was on an anticoagulant.</p> <p>Interventions directed to provide limited assistance of one (1) staff member for bed mobility and transfers, monitor behavior episodes, provide psychiatric services as needed, administer medications as ordered.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #4 had short- and long-term memory deficits, had not exhibited any behaviors in the past seven (7) days, and self-mobilized in a wheelchair.</p> <p>The Facility Reported Incident form dated 10/15/24 at 3:30 AM identified Resident #1 entered another resident's room and punched Resident #4 when Resident #4 told Resident #1 to leave. The report indicated Resident #4 was punched on the right side of the face, causing a bloody nose and bruising to the orbital area. The report identified Resident #1 was placed on one (1) to one (1) supervision, a Physician's Emergency Certificate (PEC) was initiated, and Resident #1 was transferred to the Emergency Department.</p> <p>The nurse's note for Resident #1 dated 10/15/24 at 4:45 AM identified Resident #1 entered Resident #4's room and when Resident #4 informed Resident #1 he/she was in the wrong room, Resident #1 began to punch Resident #4 in the face several times causing the resident's nose to bleed.</p> <p>The nurse's note for Resident #4 dated 10/15/24 at 5:00 AM identified Resident #4 had a nosebleed as the result of Resident #1 punching him/her, Tylenol was given for pain and first aid was provided for a bloody nose. An x-ray of Resident #4's right orbit dated 10/15/24 identified a normal examination.</p> <p>A psychiatric evaluation note for Resident #4 dated 10/16/24 identified Resident #4 described the incident that occurred with Resident #1 and indicated he/she did not feel safe with Resident #1 around, Resident #4 had no anxiety and there were no ill effects on resident's mood, thought process or behaviors noted.</p> <p>Interview with Resident #4 on 10/25/24 at 1:40 PM identified he/she had a large, bruise under the right eye. Resident #4 identified he/she was sitting on his/her bed when Resident #1 entered the room. Resident #4 stated he/she thought Resident #1 was confused and told Resident #1 three (3) times he/she was in the wrong room, Resident #1 then punched me in the face five (5) times and then left the room. Resident #4 identified he/she was not able to stand up to get away from Resident #1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Bloomfield Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 355 Park Avenue Bloomfield, CT 06002	
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>Interview with the psychiatric Advanced Practice Registered Nurse (APRN) on 10/25/24 at 2:00 PM identified Resident #1's increased aggression was likely due to dementia and a response to an external trigger. The APRN identified the course of action when the resident hit another resident was to immediately place the resident on one (1) to one (1) supervision until a psychiatric evaluation was conducted. The APRN identified it was up to the facility to determine if a resident was put on more frequent checks after the one (1) to one (1) supervision was discontinued. The APRN indicated Resident #1 was not placed on every fifteen (15) minute checks because of his/her inability to recall what he/she had done, and the facility thought the resident was specifically targeting Resident #3.</p> <p>Interview with the Director of Nursing (DON) on 10/25/24 at 2:30 PM identified there was no discussion with the APRN to place Resident #1 on more frequent checks after the one (1) to one (1) was discontinued and that the facility followed its abuse policy to the best of its ability.</p> <p>Review of the facility Abuse Policy identified each resident has the right to be free from abuse, neglect and misappropriation of resident property and exploitation.</p>		