

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  05/05/2025
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record reviews, reviews of facility documentation, facility policies, and interviews for three (3) sampled residents (Residents #1, #2, and #3) who were reviewed for misappropriation of funds, the facility failed to ensure funds from the residents' accounts were not withdrawn and misappropriated without the resident's knowledge or approval. The findings include:</p> <p>1. Resident #1's diagnoses included schizophrenia and major depressive disorder.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place, time and situation.</p> <p>The social worker note dated 4/4/25 at 1:00 PM identified Resident #1 reported that he/she went to the front desk on 4/4/25 to withdraw funds and was informed the balance was twenty-six (26) dollars. Resident #1 reported that he/she withdrew twenty dollars (\$20) and his/her balance at that time should have been one hundred and sixty-six dollars and fifteen cents (166.15) and after the withdrawal it should have been one hundred and forty-six dollars and fifteen cents (144.15). The note identified Resident #1 reported that all other withdrawals he/she made were in the amount of fifty (50) dollars. The note identified the social worker reported the incident to the Administrator.</p> <p>The Facility Reported Incident form dated 4/4/25 identified Resident #1 went to take money out of his/her funds account and was upset when Resident #1 was informed there wasn't as much as he/she thought should be in the account. Resident #1 stated he/she takes fifty (50) dollars out at a time. Upon review of Resident #1's records there were four (4) withdrawals that were for amounts other than fifty (50) dollars.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The summary report dated 4/9/24 identified an investigation found Resident #1 consistently withdrew money in the amount of fifty (50) dollar increments for each transactions and Resident #1 did not authorize any transactions or request any withdrawals for other amounts. The summary report indicated a review of the transaction log revealed four (4) withdrawals that deviated from the amounts Resident #1 would normally withdraw and Resident #1 denied making those withdrawals and indicated the signatures on those receipts were not Resident #1's. The summary report identified a receptionist whose signatures were present on those receipts and a comparison of the signatures revealed inconsistencies with Resident #1's signature. The summary report indicated that a former employee who had been terminated in January 2025, Receptionist #1, was observed on video at the front desk when Receptionist #1 had called out sick on a day when one (1) of the questionable transactions occurred. The report identified the questionable transactions were as follows: on 11/19/24 a withdrawal in the amount of forty-five (45) dollars was made, on 11/27/24 a withdrawal in the amount of thirty (30) dollars was made, on 12/16/24 a withdrawal in the amount of twenty-five (25) dollars was made, and on 12/19/24 a withdrawal in the amount of forty (40) dollars was made for a total of one hundred and forty (140) dollars.</p> <p>2. Resident #2's diagnoses included schizophrenia, metabolic encephalopathy, and dementia.</p> <p>The quarterly Minimum Data Set, dated [DATE] identified Resident #2 had poor memory recall deficits.</p> <p>Review of the Facility Reported Incident form dated 4/11/25 identified as part of an ongoing audit of residents' personal funds, facility management identified several questionable transactions in Resident #2's account. The report indicated there were questionable transaction receipts that were handwritten facility receipts for food deliveries but there were no receipts from the restaurant to verify those transactions. The dates are as follows: on 1/31/24 a receipt was present for food in the amount of thirty (30) dollars, on 3/27/24 a receipt for food in the amount of twenty-five (25) dollars, on 6/13/24 a receipt for food in the amount of thirty (30) dollars, on 6/27/24 a receipt for food in the amount of twenty-six (26) dollars, and on 7/11/24 a receipt for food in the amount of thirty (30) dollars for a total amount of one hundred and forty-one (141) dollars.</p> <p>3. Resident #3's diagnoses included depression, anxiety, and dementia.</p> <p>The quarterly Minimum Data Set, dated [DATE] identified Resident #3 had some memory recall deficits.</p> <p>Review of the facility Reportable Event Report summary dated 4/11/25 identified as part of an ongoing audit of residents' personal funds, it was revealed that there were inconsistencies in money withdrawals when compared to prior transaction records. The report indicated on 11/15/24 a withdrawal in the amount of thirty (30) dollars was made with a notation on the receipt that stated, for food, but there was no corresponding receipt from the food vendor.</p> <p>An interview with Receptionist #2 on 5/5/25 at 1:29 PM identified when a resident requests to withdraw funds from their account, the receptionist writes a receipt with the resident's information, has the resident sign the receipt and if the resident cannot sign the receipt, then a second signature is obtained from the management staff and then she signs the receipt as the person who distributes the funds. Receptionist #2 identified that she was not involved in the transactions in question for Resident's #1, #2 and #3.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Administrator on 5/5/25 at 1:36 PM identified the business manager reported to her that Resident #1 had a concern regarding a discrepancy in his/her balance of one hundred and forty (140) dollars. The Administrator identified the receipts for Resident #1 were pulled, Resident #1 stated that he/she only takes out fifty (50) dollars at a time and when reviewed, it was found that there were several transactions that were not for that amount. The Administrator identified an investigation was immediately initiated which included a review of the personal funds of all residents. The Administrator indicated the normal process for record keeping when a resident makes a withdrawal was the receptionist writes a receipt, the resident and the receptionist sign that receipt and it goes to the business office. The Administrator identified if the funds are for food or goods, and the receipt was to be kept with the copy of the handwritten receipt that goes to the business office. The Administrator identified she determined that a former employee, Receptionist #1, was responsible for the misappropriation of funds, initially for Resident #1 and then once an audit of all personal fund records was done, for Residents #2 and #3 as well. The Administrator identified facility policy on abuse directs misappropriation of any type is not tolerated and Receptionist #1 did not follow this policy.</p> <p>Review of the facility policy titled Abuse Policy and Procedures, revised date 12/23, directed, in part, it was the policy of the facility that each resident has the right to be free from misappropriation of resident property and exploitation. The policy further defined misappropriation as deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent.</p>		