

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Apple Rehab Watertown		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Bunker Hill Rd Watertown, CT 06795	

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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43184</p> <p>Based on clinical record reviews, facility documentation, facility policy and interviews for one of three sampled residents (Resident #1) who were reviewed for care and services, the facility failed to ensure staff documented care as being performed by the licensed personnel per the physician's order. The findings include:</p> <p>Resident #1's diagnoses included dementia, muscle wasting and atrophy, unstageable pressure ulcer to the sacrum, urinary tract infection and acute kidney failure.</p> <p>The admission Minimum Data Set assessment dated [DATE] identified Resident #1 rarely or never made decisions regarding tasks of daily living, required extensive assistance with bed mobility, transfers, ambulation, locomotion, dressing, toileting, and personal hygiene and was frequently incontinent of bladder and occasionally incontinent of bowels.</p> <p>A physician's order dated 9/4/23 directed to ensure Resident #1's heels were offloaded when in bed each shift.</p> <p>The Resident Care Plan dated 9/6/23 identified alteration in skin related coccyx ulcer.</p> <p>Interventions directed to use air mattress as ordered, consult with wound care nurse specialist as ordered/needed, explain risks and consequences of not relieving pressure off back and buttocks and allowing staff to reposition, gentle handling during all transfers and care procedures, inspect skin when providing care for signs and symptoms of breakdown and liquid protein as ordered.</p> <p>A physician's order dated 9/7/23 directed to cleanse the stage 2 sacrum pressure ulcer with normal saline, apply alginate followed by bordered foam, and change daily and as needed for soiling or dislodgement.</p> <p>The Treatment Administration Record (TAR) dated September 2023 identified there were no nurses' signatures the wound care was conducted on 9/13/23, 9/14/23 and 9/21/23.</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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>The September 2023 TAR identified no nurses' signatures for the ordered offloading of heels each shift on 9/11/23 for the 11PM-7AM shift, 9/13/23 for both the 7AM-3PM and the 3PM-11PM shift, 9/14/23 for the 7AM-3PM, 9/20/23 for the 3PM-11PM and 11PM-7AM shifts, 9/21/23 for the 7AM-3PM and 3PM-11PM shifts, 9/26/23 for the 3PM-11PM and 11PM-7AM shifts, 9/27/23 for the 7AM-3PM shift and 9/28/23 for the 3PM-11PM shift.</p> <p>The TAR dated October 2023 identified there were no nurses' signatures for the ordered wound care on 10/1/23 and there were no signatures for the offloading of Resident #1's heels on 10/11/23 during the 3PM-11PM shift and 10/18/23 during the 3PM-11PM shift.</p> <p>Interview and chart review with the Director of Nursing (DON) on 11/30/23 at 1:47 PM identified the facility policy directs staff to document on care when it is provided. The DON identified there were no signatures for the wound care or offloading of the heels on the dates above and is unsure why there was no documentation the care was provided as ordered. The DON identified the wound care and offloading heels should have been documented per policy.</p> <p>Review of the facility policy titled Nursing Documentation, undated, directed, in part nursing documentation provides an account of information about the resident's health care status and provides an account of any changes in condition, current assessments, and any concerns that alters the resident's plan of care.</p>