

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 01/16/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for change in condition, the facility failed to ensure when changes were made in medications and the plan of care the resident's family was notified. The findings include:</p> <p>Resident #1 had diagnoses that included type 2 diabetes mellitus, liver cirrhosis, dementia, and Alzheimer's disease.</p> <p>The physician's orders dated 1/21/24 directed to administer Tresiba subcutaneous solution (a medication used for diabetes mellitus) 100 unit/ml inject 6 units at bedtime, obtain blood sugars at 6:30 A.M., 11:30 A.M., 4:30 P.M. and administer Humalog (Lispro insulin) injection solution (a medication used for diabetes mellitus) 100 unit/ml subcutaneously before meals inject per sliding scale:</p> <p>Blood Glucose (BG) is below 60 or above 401, call MD/APRN</p> <p>BG 151-200 administer 2 units</p> <p>BG 201-250 administer 4 units</p> <p>BG 251-300 administer 6 units</p> <p>BG 301-350 administer 8 units</p> <p>BG 351-400 administer 10 units</p> <p>The admission MDS dated [DATE] identified Resident #1's had a Brief Interview for Mental Status score of seven (7) indicative of severely impaired cognition, frequently incontinent of bowel and bladder, required substantial assistance with ADLs, received insulin injections, and Resident #1 and h/her family participated in the assessment and goal setting.</p> <p>The care plan dated 1/30/2024 identified Resident #1 is at risk for hyperglycemia and/or hypoglycemia related to diabetes with interventions directed to administer medications as ordered, check blood sugar if any of the following signs/symptoms are noted complaints of hunger, sweating, confusion, dizziness, increased thirst, nausea or vomiting, abdominal discomfort or changes in mental status, labs as ordered, watch for any changes in mental status and mood state and report to MD/APRN.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A pharmacist medication regimen review dated 3/14/24 identified Resident #1 has an order for insulin to be administered via sliding scale and for Tresiba insulin 6 units daily Resident #1's reported A1C was 6.1 % on 3/11/24 appears to have stable glycemic control. The pharmacist recommendation directed to consider discontinuing Resident #1's sliding scale of insulin and continue to monitor fingerstick blood glucose in a frequency appropriate for Resident #1.</p> <p>A review of Resident #1's laboratory reported dated 3/12/24 identified Resident #1's Hemoglobin A1C (a blood test that measures the average blood sugar levels over the past two (2) to three (3) months reported as a percentage) result was 6.1 % (levels between 5.7 % to 6.4 % indicate prediabetes, levels of 6.5 % or higher suggest diabetes).</p> <p>Review of APRN #1's note dated 3/15/24 at 12:00 A.M. identified Resident #1 had multiple episodes of blood glucose above 250. APRN #1 identified for Resident #1's hyperglycemia will increase Tresiba long-acting insulin from 6 units 10 units at bedtime and can move to blood glucose monitoring once per day instead of three times a day.</p> <p>A physician's order dated 3/16/24 directed to administer 10 units of Tresiba subcutaneous solution 100 unit/ML inject subcutaneously at bedtime.</p> <p>Review of the pharmacist recommendation dated 3/14/24 identified on 3/18/24 APRN #1 accepted the recommendations above, signed, and directed to implement as written.</p> <p>The physician's orders dated 3/18/24 written by APRN #1 directed to discontinue obtaining Resident #1's fingerstick for blood sugars at 6:30 A.M., 11:30 A.M., 4:30 P.M. and discontinue Resident #1's sliding scale of Humalog (Lispro insulin) injection solution (a medication used for diabetes mellitus)100 unit/ml subcutaneously before meals.</p> <p>An interview with APRN #1 on 1/16/25 at 10:40 A.M. identified on 3/12/24 Resident #1's had an A1C level of 6.1 % indicating Resident #1's blood sugars were stable. APRN #1 identified on 3/18/24 the pharmacy monthly medication review recommendations directed to consider discontinuing Resident #1's sliding scale of Humalog insulin. APRN #1 identified on 3/18/24 she discontinued Resident #1's blood sugar checks and sliding scale of Humalog insulin sliding scale. APRN #1 identified when a resident has a change in condition and/or change in the plan of care it is the responsibility of the nurses to notify the resident's next of kin.</p> <p>Interview and clinical record review with DNS on 1/16/25 at 2:30 P.M., the DNS was unable to provide documentation to reflect that on 3/18/24 Resident #1's daughter was notified when APRN #1 discontinued Resident #1's sliding scale of Humalog insulin and discontinued Resident #1's blood sugar checks.</p> <p>Review of facility change in resident condition family/MD notification policy dated July 2018 identified; in part, all significant changes in residents' condition will be reported to the physician and family.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for diabetes management, the facility failed to ensure diabetes bloodwork was obtained. The findings include:</p> <p>Resident #1 had diagnoses that included type 2 diabetes mellitus, liver cirrhosis, dementia, and Alzheimer's disease.</p> <p>The care plan dated 10/19/24 identified Resident #1 is at risk for hyperglycemia and/or hypoglycemia related to diabetes with interventions that directed to administer medications as ordered, check blood sugar if any of the following signs/symptoms are noted complaints of hunger, sweating, confusion, dizziness, increased thirst, nausea or vomiting, abdominal discomfort or changes in mental status, labs as ordered, watch for any changes in mental status and mood state and report to MD/APRN.</p> <p>The quarterly MDS dated [DATE] identified Resident #1's had a Brief Interview for Mental Status score of five (5) indicative of severely impaired cognition, always incontinent of bowel, frequently incontinent of bladder, dependent with Activities of Daily Living (ADL's).</p> <p>A physician's note dated 10/23/24 written by MD #1 identified Resident #1's vital signs are stable with no new issues. MD #1 indicated the plan is to check Resident #1's Hemoglobin A1C (a blood test that measures the average blood sugar levels over the past two (2) to three (3) months reported as a percentage).</p> <p>A physician's order dated 12/1/24 directed to administer Tresiba subcutaneous solution (a medication for diabetes mellitus) 100 unit/ml inject 10 units at bedtime.</p> <p>The pharmacist medication regimen review dated 12/7/24 at 12:30 P.M. identified Resident #1 has diabetes but an A1C is not available in the medical record in the past 6 months. The recommendation is to monitor Resident #1's A1C on the next convenient lab day and every 6 months if meeting treatment goals or every 3 months if therapy has changed or goals are not being met. On 12/12/24 APRN #1 agreed with the recommendation to obtain Resident #1's A1C and directed to implement the order.</p> <p>Interview with APRN #1 on 1/16/25 at 10:40 A.M. identified Resident #1's diabetes mellitus should be monitored by obtaining an A1C every 6 months. APRN #1 identified on 12/12/24 the pharmacist's monthly medication review for Resident #1's diabetes management recommendation was to obtain Resident #1's A1C. APRN #1 identified on 12/12/24 she signed and agreed with the pharmacist's recommendation for Resident #1 to have an A1C obtained. APRN #1 indicated when she agrees with a resident's pharmacy recommendation her signature directs the order to be implemented. APRN #1 indicated the nurses are responsible for entering the orders. APRN #1 identified on 12/12/24 it was her expectation Resident #1's A1C would be obtained by the lab.</p> <p>Interview with MD #1 on 1/16/25 at 12:40 P.M. identified on 3/12/24 Resident #1's Hemoglobin A1C was 6.1 % and Resident #1's goal was an A1C of 7 % or lower had been met. MD #1 identified his expectations for Resident #1's diabetes mellitus management was Resident #1's A1C would be monitored every 6 months. MD #1 identified Resident #1's A1C should have been obtained no later than October 2024.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview and clinical record review with the DNS on 1/16/25 at 2:30 P.M., failed to provide documentation to reflect Resident #1 had an A1C obtained since 3/12/24. The DNS identified the nurses and/or the ADNS are responsible for reviewing the resident's monthly pharmacy medication regimen reviews and implementing the physician's orders per the pharmacy recommendations. The DNS could not explain why on 12/12/24 an order was not implemented directing to obtain Resident #1's A1C.</p> <p>Review of facility physician orders undated policy identified the purpose of the policy is to ensure all physician's orders complete and accurate.</p>