

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Grandview Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 55 Grand Street New Britain, CT 06052	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policies and interviews for one (1) of six (6) sampled residents (Resident #1) who were reviewed for an allegation of misappropriation of money, the facility failed to ensure Resident #1's debit card was not removed from the facility by a facility staff member and used without authorization from the resident. The findings include:</p> <p>Resident #1's diagnoses included left total hip replacement and anxiety.</p> <p>The admission Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place, time, and situation.</p> <p>Review of the inventory of personal belongings upon admission identified Resident #1 had a debit card.</p> <p>The nurse's note dated 4/22/25 at 2:25 PM identified the charge nurse was informed by a nurse aide that Resident #1 was upset due to someone having used his/her debit card and spent \$300 dollars on the debit card and it was not Resident #1. The note indicated all parties were notified.</p> <p>The nurse's note dated 5/22/25 at 2:28 PM identified the Nursing Supervisor spoke with Resident #1 who claimed his/her debit card was stolen and \$303.50 was spent at CVS and he/she was not the person that spent the money.</p> <p>The social services note dated 5/22/25 at 11:25 AM identified when the social worker spoke with Resident #1, Resident #1 mentioned he/she last saw the debit card on 5/20/25.</p> <p>The Facility Reported Incident follow-up information report dated 6/3/25 identified the detective that was assigned to the case on 5/22/25 viewed video cameras at the CVS store Resident #1 alleged his/her debit card was used at and the photographs provided to the facility by the detective identified a 7AM-3PM nurse aide, Nurse Aide (NA) #1, as the person that withdrew money from the ATM machine at CVS. The report indicated the debit card was never returned to Resident #1 and NA #1 failed to report to work on her last four (4) scheduled shifts. The report identified on 6/3/25, NA #1 called the facility requesting a document and stated she would not be returning to the facility.</p> <p>Review of NA #'s personal file identified she started employment on 3/11/25 and completed the Resident Abuse Prevention and Reporting pre and post tests that included misappropriation of resident's property.</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>Interview with the 7AM-3PM charge nurse, Licensed Practical Nurse (LPN) #1, on 6/17/25 at 12:00 PM identified Resident #1 informed her of the missing amount of money from his/her bank account after checking the account balance. LPN #1 indicated she did not think Resident #1 kept the card locked in the lock box.</p> <p>Interview with the 7AM-3PM Nursing Supervisor, Registered Nurse (RN) #1, on 6/17/25 at 12:15 PM identified Resident #1 told him that he/she had kept the debit card in his/her purse on the bureau.</p> <p>Interview with the Independent Nurse Consultant (INC) on 6/17/25 at 2:30 PM identified the Director of Nursing (DON) and Administrator had identified for the detective that the staff member viewed in the CVS photos using Resident #1's debit card was NA #1.</p> <p>The facility policy Abuse, Neglect, and Exploitation identified in part that the facility is responsible to provide protection for the health, welfare, and rights of each resident by developing and implementing policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.</p>