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| 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 09/10/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page) |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, review of facility policy, and interviews for one (1) of three (3) sampled residents (Resident #1) reviewed for a potential allegation of staff-to-resident abuse, Resident #1 was not provided the right to be free from abuse when the resident was yelled at, called inappropriate names, and was attempted to be physically hit by a staff member. The findings include:Resident #1's diagnoses included unspecified fracture of shaft of humerus, left arm, unspecified fracture of left femur, acute pain due to trauma, and adjustment disorder with anxiety. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place and time, and was dependent on staff for personal hygiene, toileting hygiene, and lower body dressing. The nurse's progress note dated 9/4/25 at 2:10 PM identified an altercation between Resident #1 and a nurse aide occurred after Resident #1 requested to receive morning care at a specific time. The note indicated that nursing observed the nurse aide speak to Resident #1 in an inappropriate manner, swear at Resident #1, and throw objects toward Resident #1 on 9/4/25 at 9:15 AM while the nurse and nurse aide were in Resident #1's room and the nurse aide was providing care to Resident #1's roommate. The Facility Reported Incident report dated 9/4/25 identified Resident #1 and a 7AM-3PM nurse aide, Nurse Aide (NA) #1, were involved in altercation on 9/4/25 at 9:15 AM in Resident #1's room and the nurse aide grabbed an item off the bedside table to throw at Resident #1 and attempted to physically hit Resident #1 but was stopped by staff. The investigation identified there was a disagreement between Resident #1 and NA #1 about the requested time by Resident #1 to receive morning care from NA #1. The investigation indicated Resident #1 got upset and threw a personal item at NA #1, NA #1 yelled and swore at Resident #1 in response, took items of the bedside table to throw at Resident #1 and attempted to physically hit Resident #1, but was stopped by other staff members that witnessed the incident. Interview with Resident #1 on 9/10/25 at 10:35 AM identified he/she had a disagreement with NA #1 on 9/4/24 at 9:00 AM about the requested time of care when NA #1 entered the room to provide care to Resident #1's roommate instead of him/her. Resident #1 indicated he/she got mad and threw a cup at NA #1, NA #1 responded by picking up the plastic basin to throw toward Resident #1 but missed and NA #1 yelled and swore at him/her and called him/her inappropriate names. Resident #1 indicated other staff intervened during the incident and NA #1 was taken out of the room. Interview and review of the Facility Reported Incident report with the Director of Nursing (DON) on 9/10/25 at 12:21 PM identified Resident #1 and NA #1 had an altercation, Resident #1 got made and threw a cup at NA #1, and NA #1 verbally retaliated. The DON indicated the incident was witnessed by other staff members and NA #1 was observed to be verbally retaliated using inappropriate language toward Resident #1. The DON stated upon completion of the investigation, NA #1 (who was staffed through an agency) was not permitted to return to the facility and the agency was informed of the incident. Review of the facility Abuse, Neglect and Exploitation policy dated 1/8/24 directed abuse of any kind was prohibited. The facility identified the deficient practice and developed an immediate plan of correction for past noncompliance as of September 4, 2025.All departments will be educated on verbal abuse and the facility policy.Agency providers will be educated on verbal abuse and abuse quiz.New abuse quiz and education added to agency orientation packet.Corporate controller will follow up with agency ownership follow through on their level.Random weekly audits will be conducted of verbal abuse allegations, abuse quizzes of new agency providers. Results of audits will be reviewed during next QAPI meeting.The Director of Nursing and/or designee will be responsible for compliance.Completion date September 9, 2025.</p> | | |