STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075182	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grandview Rehabilitation and Healthcare Center	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)
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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility documents and policies, and interviews, for one of three residents (Resident #5) reviewed for abuse, the facility failed to ensure a resident was free from mistreatment. The findings include: Based on review of clinical records, facility documents and policies, and interviews, for one of three residents (Resident #5) reviewed for abuse, the facility failed to ensure a resident was free from mistreatment. The findings include: Resident #5 had diagnoses which included dementia, schizoaffective disorder, and bipolar disorder. Record review identified Person #12 was a court appointed Conservator of Person. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #5 had a Brief Mental Interview for Mental Status (BIMS) of thirteen (13) indicative of intact cognition, required assistance for ambulation with a rolling walker, and was independent with wheelchair mobility. The Resident Care Plan (RCP) dated 8/14/2025 identified Resident #5 had bipolar disorder, schizoaffective disorder, personality disorder, unspecified psychosis, anxiety and depression. Interventions directed to allow to express feelings and emotions, document, monitor and report behaviors. Review of the facility Reportable Event Form dated 9/17/2025 at 5:45 AM identified Resident #5 called 911 alleging mistreatment from staff. Nursing note dated 9/17/2025 at 7:55 AM identified RN #14 was called to the unit and observed two (2) police officers with Resident #5. Resident #5 was visibly upset: had furrowed eyebrows and yelling at the police officers. Resident #5 verbalized he/she hit a NA because the NA was in his/her business. Resident #5 was given a summons and a court date. APRN was notified and directed to transfer Resident #5 to the hospital for evaluation. The COP was notified and agreed with transfer. Nursing note written by RN #14 dated 9/17/2025 at 8:12 AM identified Resident #5 was up all night and wanted to go outside to do cans at the store and during attempts to stop Resident #5 from leaving, Resident #5 hit a NA. Review of NA #12's written statement dated 9/17/2025 identified around 5 AM Resident #5 said he/she was signing out on Leave of Absence (LOA). NA #12 called the supervisor to ask if Resident #5 could leave the grounds and asked her to come speak with Resident #5. The supervisor came and Resident #5 was yelling and using foul language with slurs directed at staff. The statement indicated NA #12 told Resident #5 it was too early to leave the building. Resident #5 continued to yell and use foul language with slurs directed at NA #12, and followed NA #12 into another resident's room and hit NA #12 on the right arm. The supervisor was called to the unit again, and Resident #5 continued with verbal comments, swearing and slurs. Review of written statement by LPN #13 undated, identified Resident #5 requested to go out on LOA. LPN #13 called the supervisor to request if that was allowed (due to time of day) and told Resident #5 that he/she was unable to leave the facility at that time. Resident #5 became upset, called staff names and slurs, and hit a NA, and the supervisor (RN #3) was called to the unit. Review of RN #3's written statement dated 9/17/2025 identified she was called to the floor as Resident #5 was irate in the hallway and loud with staff. The statement indicated she had a verbal exchange with Resident #5, and Resident #5 used foul language. RN #1 then repeated the statement back to Resident #5, and used the same foul language and swearing directed to Resident #5; RN #3 stated I am the ***** supervisor b****, but I need you to lower your voice. The statement further indicated RN #3 received a second call that morning and was informed Resident #5 was yelling in the hallway. Resident #5 had stated the same foul language toward RN #3, and stated ***** b****, I am going to kick you're a** as Resident #5 was approaching her. RN #3 indicated a floor nurse stood in Resident #5's way as Resident #5 was approaching RN #3. RN #3 was holding a pitcher of water in her hand and stated to Resident #5, you will take a bath today if you come closer to me. Facility summary dated 9/22/2025 identified the facility did not substantiate the allegation of abuse because the resident was the aggressor and RN #3 was attempting to de-escalate the situation to protect staff, residents and herself. The summary further identified the facility discussed options with Resident #5 and the COP, and Resident #5 chose to leave the facility Against Medical Advise (AMA). Interview with RN #3 on 10/22/2025 at 12:28 PM identified she used swear words and foul language directed at Resident #5 and threatened to dump/pour water on Resident #5. RN #3 repeated/echoed the foul language/swearing back to Resident #5 when it was used toward her. RN #3 stated on the second visit to the unit on the morning of 9/17/2025, Resident #5 was yelling and approaching her using slurs and threatening her with physical aggression. RN #3 stated she responded by telling Resident #5 he/she would take an early bath today if he/she came any closer to her. Interview with the Director of Nurses (DON) #2 on 9/17/2025 at 11:35 AM identified she was not the DON when the incident

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on review of facility documentation and interviews for 2 of 4 personnel files reviewed, the facility failed to ensure staff working at the facility were properly screened prior to working. The findings include: A request on 10/14/25 at 10:45 AM to review RN#1 personal files revealed that RN #1 is employed through Nursing Scheduling Agency (NSA), therefore, there were no records on file. ADNS indicated that RN #1 received orientation, which covered workplace compliance, customer service, Resident rights, Abuse/ Neglect, fear of retaliation, workplace violence, and smoking on 10/7/25. Review of personnel files from all contracted scheduling agencies affiliated with the facility along with the facilities nursing schedule, revealed that RN #1 and #3 from NSA began working prior to the completion of their background checks. No background check documentation was found on record for either RN #1 or RN #3. Interview with Person #1 on 10/14/25 at 12:05 PM indicated that the facility is responsible for completing the background checks. He reported NSA only does a driver's licenses review to ensure there are no deficiencies. Interview with HR on 10/14/25 at 12:54 PM indicated that the Agency RN#1 is employed through is responsible for completing the background checks and fingerprinting process (per their contract). HR reported that the Agency started 9/18/25 and though she would normally review each staff background checks prior to them covering a shift; she reported she has not had the opportunity to review all the staff that was and is scheduled to cover shifts at the facility. Facility is unable to provide any documents that indicated that staff from NSA agency has had a background check completed. Facilities Abuse, Neglect and exportation Policy indicates in part the facility will make efforts to ensure all residents are protected from physical and psychosocial harm. Potential employees will be screened for history of abuse, neglect, exploitation or misappropriation of residents' property. Background, reference and credentials check shall be conducted on potential employees, contracted temporary staff. and consultants. Screening may be conducted by the facility itself, third party agency or academic institution. The facility will maintain documentation of proof that the screening occurred.