STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075183	A. Building B. Wing	03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Fox Hill	1253 Hartford Tpke Rockville, CT 06066

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility policy and interviews for one (1) of three (3) residents (Resident #1) reviewed for hospitalizations, the facility failed to ensure the resident, who was admitted with multiple cardiac diagnoses and an internal cardiac defibrillator (a battery powered device that corrects irregular heart rhythms), followed up with cardiology per hospital discharge paperwork and physician's order. The findings include: Resident #1's diagnoses included ventricular tachycardia (an abnormal heart rhythm that causes the heart to beat too fast in the lower chambers to pump well and the body doesn't receive enough oxygenated blood), congestive heart failure (heart doesn't pump blood adequately to the body), hypertensive heart disease with heart failure (high blood pressure that damages the heart muscle over time leading to the inability of the heart to pump blood to the body effectively) and presence of an automatic implantable cardiac defibrillator. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Mental Interview for Mental Status (BIMS) of fifteen (15) indicative of intact cognition and required substantial assistance with toileting and moderate assistance with transfers and ambulation. The Resident Care Plan (RCP) dated 1/30/25 identified that Resident #1 exhibits or is at risk for cardiovascular symptoms or complications related to the diagnosis of ventricular tachycardia with interventions that included administering medications as ordered and assess for the effectiveness and side effects and report any abnormalities, assess and monitor for chest pain including intensity, location and duration and report to the physician and assess and monitor vital signs as ordered and report abnormalities to the physician. Review of hospital after visit summary dated 1/30/25 identified that Resident #1 had been admitted for ventricular tachycardia and directed to schedule an appointment with cardiology as soon as possible for a visit in one (1) week. A physician's order dated 1/30/25 directed for Resident #1 to follow up with cardiology as soon as possible for a visit in one week. Review of nurse's note dated 1/30/25 through 2/14/25 failed to identify that Resident #1 had been transported to or followed up with cardiology per physician's order. Interview with Person #2 (cardiology office) on 3/4/25 at 1:41 PM identified that Resident #1 was last seen in their office on 11/4/24, and no appointments had been scheduled or canceled since. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the DNS on 3/4/25 at 2:32 PM and accompanied by RN #2 (Regional Nurse) identified that when a resident is admitted to the facility, the admitting nurse will review the hospital discharge paperwork and input physician's orders for any follow-up appointments that are needed with outside providers. She reported that the Unit Manager Registered Nurse or the Assistant Director of Nursing (ADON) will then review the admission orders and are responsible for calling and making any follow-up appointments that are needed for residents, stating they will then give the appointment information to the Transport/Central Supply staff who will then schedule transportation. The DNS identified that she was unable to locate any documentation or consultative reports identifying that a cardiology appointment was either scheduled for Resident #1 or that he/she had been transported to a cardiology appointment. She reported that RN #4 (Unit Manager) was responsible for Resident #1's unit but identified that she was out sick at the time of the resident's admission, stating that RN #3 (Unit Manager) was covering for her and that RN #3 should have reviewed the resident's admission and scheduled the cardiology appointment. Interview with RN #3 on 3/4/25 at 2:42 PM identified that although she was covering for RN #4, she did not review Resident #1's admission paperwork and did not call to make the resident any follow-up appointments with outside providers, stating that she should have, and she was unsure why she did not. Although requested, a facility policy for scheduling and transporting residents to outside provider appointments was not provided.