

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2024
NAME OF PROVIDER OR SUPPLIER Parkway Pavilion Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1157 Enfield Street Enfield, CT 06082	

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** 47460</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for abuse, the facility failed to ensure a resident was free from misappropriation of resident property. The findings include:</p> <p>Resident #2's diagnoses included diabetes. The RN admission assessment dated [DATE] identified that Resident #1 had a Brief Interview of Mental Status (BIMS) score of fifteen out of fifteen, indicative of no cognitive impairment. The Resident Care Plan (RCP) dated 9/6/2024 identified Resident #1 had an ADL self-care deficit with interventions that directed to assist with ADLs.</p> <p>Record review identified Resident #1 was discharged to the hospital on 9/27 for a planned admission and readmitted [DATE].</p> <p>Review of nursing note dated 10/3/2024 at 1:15 PM, written by RN #10/RN supervisor, identified about 12 PM a family member reported they had notified the police that someone at the facility had used Resident #1's charge card on 10/1 and 10/2/2024, along with five (5) other charges that were frozen/stopped. The DNS was notified.</p> <p>Review of facility Reportable Event Form dated 10/3/2024 at 12:15 PM identified a family member reported Resident #1's debit card had fraudulent activity on it; two charges totaling approximately \$600 were posted to the account and an additional 5 charges were pending but they were not posted.</p> <p>Review of Facility Summary dated 11/12/2024, identified charges were made to Resident #1's account on 10/1 and 10/2/2024 totaling approximately \$600, with an additional five (5) charges were made to the account. The summary identified Resident #1 was out of the facility (at the hospital) when the charges were made, and the resident's wallet with the credit/debit card remained in the resident's room. The local police department reported to the facility they were able to identify the person who made the charges, and the results of the police investigation were pending.</p> <p>Review of the facility Updated Summary Conclusion, dated 11/12/2024, identified the local police identified the person who used the credit card without authorization was NA #1. NA #1 stated she had purchased an item for Resident #1 at his/her request, and must have saved the information in her phone and inadvertently used it towards payments for personal charges. The local police identified that NA #1 was arrested and charged with larceny in the 5th degree.</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 and record review with RN #1 and the Administrator on 11/12/2024 at 2:14 PM identified the facility was notified of fraudulent charges on Resident #1's credit card on 10/3/2024. The police subsequently identified NA #1 as the person who made the charges, and NA #1's employment was terminated. The Administrator further indicated the police arrested NA #1.</p> <p>Although attempted interview with NA #1 was unsuccessful.</p> <p>Review of facility Healthcare Team Handbook directed in part that the company expects you to follow rules of conduct that will protect the interests and safety of all residents. Standards of conduct reasons for immediate termination of employment are misconduct or abuse towards residents or coworkers, stealing.</p> <p>Review of facility Abuse Prohibition & Quality Assurance/Reporting Reasonable Suspicion of Crime policy dated 9/2016, directed in part, this organization maintains a zero tolerance for any form of abuse or neglect of a resident. Misappropriation of Resident's Property was defined as the deliberate misplacement, exploitation or wrongful temporary or permanent use of resident's belongings or money without the resident's consent.</p> <p>Review of facility documentation identified the facility initiated staff education regarding abuse and handling of resident wallets, money or credit cards.</p> <p>Interview with the Administrator and DON on 11/25/2024 at 3:46 PM identified audits were initiated on 11/13/2024 and a QAPI meeting was held on 11/13/2024. Based on review of facility documentation, past non-compliance was not identified.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for two of three residents (Resident #2 and #3) reviewed for abuse, the facility failed to ensure the care plan was updated timely. The findings include:</p> <ol style="list-style-type: none"> 1. Resident #2's diagnoses included dementia, mood disorder, and psychotic disorder. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 was severely cognitively impaired, had no behaviors in the prior seven (7) days, and ambulated independently with rolling walker. The Resident Care Plan (RCP) dated 7/31/2024 identified Resident #2 had a risk of harm related communication deficit and cognitive limitations. Interventions directed psychiatric and social services as needed. 2. Resident #3's diagnoses included cognitive communication deficit, adjustment disorder, anxiety, and restlessness and agitation. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 was severely cognitively impaired, had no behaviors in the prior seven (7) days and was independent with wheelchair mobility. The Resident Care Plan (RCP) dated 7/31/2024 identified Resident #3 had a history of resident-to-resident allegation of abuse, and striking out at peers. Interventions directed follow up with psychiatric and social services. <p>Review of the facility Reportable Event Form dated 10/21/2024 at 4:45 PM identified Resident #2 had walked into Resident #3's room. RN #1 observed Resident #3 physically shaking Resident #1, and the residents were separated immediately. The residents were separated, no injuries were identified, and Resident #3 was placed on one-to-one (1:1) observation until seen by psychiatry.</p> <p>Review of the facility summary dated 10/28/2024 identified Resident #3 was observed shaking Resident #2 and saying Resident #2 should not be there. The residents were separated with no injuries identified. Resident #2 had no recollection of the incident. Resident #3 was placed on 1:1 observation and was cleared by psychiatry as not a risk of injury to self/others, and he/she was placed on every 15-minute checks.</p> <p>Record review on 11/12/2024 failed to identify the plan of care was updated for Resident #2 or #3 after the incident occurred on 10/21/2024 (23 days prior to the review).</p> <p>Interview, review of clinical record, and review of facility documentation on 11/12/2024 at 2:32 PM with RN #1 identified that Resident #2 and Resident #3 had a history of prior incidences of altercations with each other in past, and their care plans were updated after those incidents. RN #1 further indicated after the incident on 10/21/2024, the care plans were not updated and stated their care plans should have been updated. Interview failed to identify why the care plans were not updated.</p> <p>Review of facility Care Plans, Comprehensive Person-Centered policy, directed in part, the comprehensive, person-centered care plan will incorporate identified problem areas, incorporate risk factors associated with identified problems. When possible, interventions address the underlying source (s) of the problem area(s), not just addressing only symptoms or triggers.</p>		