

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Village North Health and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Viets St Extension New London, CT 06320	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48879</b></p> <p>Based on review of the clinical record, facility documentation, facility policy and interviews for five (5) of five (5) residents (Residents #1, 2, 3, 4 and 5) reviewed for resident-to-resident abuse, the facility failed to complete a full investigation regarding resident-to-resident abuse. The findings include:</p> <p>1. Resident #1's diagnoses included paranoid schizophrenia, antisocial personality disorder, adjustment disorder and anxiety disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was cognitively intact and was independent with bed mobility, transfers and personal hygiene.</p> <p>The Resident Care Plan (RCP) dated 7/23/24 identified that Resident #1 has the potential for altered mood related to diagnoses of paranoid schizophrenia, anxiety disorder, depression and adjustment disorder with interventions that included to allow the resident to express feelings, staff to speak softly and clearly when communicating, observe for changes in mood/depression and notify physician of changes, administer psychotropic medications as ordered, psychiatry and psychological services as needed and encourage the resident to participate in activities of choice.</p> <p>2. Resident #2's diagnoses included vascular dementia with behavioral disturbances, adjustment disorder and narcissistic personality disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 was moderately cognitively impaired and required moderate assistance with bed mobility and transfers and was dependent on staff for personal hygiene.</p> <p>The Resident Care Plan (RCP) dated 7/29/24 identified that Resident #2 has behaviors and is not capable of understanding the risks of his/her outbursts. The resident shows aggression to staff, refuses medications, refuses care, displays increased confusion with smoking times and misplacing personal items and displays accusatory, intrusive and argumentative behaviors with interventions that included to attempt to re-direct the resident in a clear, calm voice, provide reality orientation, psych and social services follow-up as needed, administer psychotropic medications as ordered, observe and document for side effects and effectiveness and discuss procedures and medications prior to administration.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Village North Health and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  78 Viets St Extension New London, CT 06320	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a) Review of the facility Reportable Event (RE) dated 8/7/24 identified that at 9:10 AM Resident #1 struck Resident #2 in the face and continued to pursue Resident #2 and staff while making threats of physical harm. The RE identified that the residents were in the solarium prior to smoking group and Resident #2 was running his/her mouth towards Resident #1 and Resident #1 then slapped Resident #2 with an open hand, which was witnessed by other residents. Both Resident #1 and #2 were separated, the APRN was notified, and Resident #1 was placed on a one-to-one staff observation pending transfer to the Emergency Department (ED). The intervention was for staff to supervise the northeast solarium prior to smoking group.</p> <p>The investigation did not identify any statements from staff.</p> <p>Interview with the DNS on 9/18/24 at 12:52 PM identified that she was on vacation at the time of the 8/7/24 resident-to-resident incident and indicated that the ADNS was the acting DNS at that time. She identified that the ADNS was responsible for ensuring that the investigation was completed thoroughly.</p> <p>Interview and facility documentation review with the ADNS on 9/18/24 at 12:56 PM identified that the nursing supervisor on duty at the time of the incident is responsible for obtaining all the statements pertaining to that incident. She indicated that although she submitted the 5-day summary on the 8/7/24 reportable event and was responsible for the investigation's completeness, she was unsure why statements had not been obtained from both Resident #1 and Resident #2's immediate caregivers at the time of the incident.</p> <p>Interview and facility documentation review with RN #1 (Nursing Supervisor) on 9/18/24 at 1:05 PM identified that statements should have been obtained from all of Resident #1 and Resident #2's immediate caregivers on the 7:00 AM to 3:00 PM shift on 8/7/24 regarding their behaviors prior to the incident. She indicated that she could not recall requesting statements from LPN #2, NA #5, RN #2 or NA #3 as she did not have a concise list of who was assigned to Resident #1 or Resident #2.</p> <p>3. Resident #3's diagnoses included anxiety disorder, adjustment disorder and severe intellectual disabilities.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 was moderately cognitively impaired and was independent with bed mobility, transfers and personal hygiene.</p> <p>The Resident Care Plan (RCP) dated 8/11/24 identified that Resident #3 has the potential for altered mood related to diagnoses of personality and behavioral disorder, displaying behaviors of pacing, verbally abusive to staff and uses inappropriate language. Interventions included to observe for changes in mood/depression and notify physician of changes, psychiatry and psychological services as needed, encourage the resident to talk about issues and encourage the resident to participate in activities of choice.</p> <p>4. Resident #4's diagnoses included dementia with behavioral disturbances, schizophrenia, anxiety disorder, and post-traumatic stress disorder.</p> <p>The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #4 was moderately cognitively impaired and was independent with bed mobility, transfers and personal hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Village North Health and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Viets St Extension New London, CT 06320	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Resident Care Plan (RCP) dated 8/23/24 identified that Resident #4 has a potential mood/behavior problem related to schizophrenia and behaviors of delusions and paranoia, argumentative, accusatory, short-tempered and easily annoyed. Interventions included administering psychotropic medications as ordered, encouraging the resident to express feelings, observing for changes in mood/depression and notifying the physician of changes and psychiatry services as needed.</p> <p>a) Review of the facility Reportable Event dated 8/30/24 identified that at 6:40 AM Resident #3 was witnessed by the ADNS with increased agitation, threatening to kill his/her roommate. Resident #3 and Resident #4 were immediately separated by staff. Resident #3 was placed on a one-to-one staff observation, emergency services and the police were notified, and the resident was transferred to the ED for evaluation. Resident #4 denied any emotional distress and reported feeling safe. Resident #3's room was changed upon readmission to the facility.</p> <p>Review of the facility schedule dated 8/29/24 identified that LPN #1 and NA #2 were responsible for Resident #4's care on the 11:00 PM to 7:00 AM shift during the reported incident.</p> <p>A nursing note by the ADNS (Nursing Supervisor) dated 8/30/24 at 6:49 AM identified that Resident #4's roommate (Resident #3) was yelling at him/her stating he/she was going to kill Resident #4 and their spouse. Resident #4 was not physically harmed and stated that he/she felt safe with Resident #3 out of the room.</p> <p>5. Resident #5's diagnoses included schizoaffective disorder, post-traumatic stress disorder, borderline intellectual functioning and bipolar disorder.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #5 was cognitively intact and required setup assistance with personal hygiene and was independent with bed mobility and transfers.</p> <p>The Resident Care Plan (RCP) dated 8/15/24 identified that Resident #5 has a history of behaviors including a history of taking off clothing publicly, wandering, refusal of care and hoarding dirty/soiled clothing. Interventions included to allow the resident time to communicate effectively, encouraging as much participation/interaction by the resident as possible during care activities, giving clear explanations of all care activities prior to and as they occur, praising the resident when behavior is appropriate and reapproaching the resident when they refuse.</p> <p>A reportable event dated 8/32/24 identified that Resident #1 punched Resident #5 on the left side of the face.</p> <p>A nursing note by RN #3 (Nursing Supervisor) dated 8/31/24 at 5:43 AM identified that she was called to the unit at around 3:30 AM for a reported resident-to-resident altercation. Upon entering the room, Resident #5 was lying in bed with hands covering his/her head in pain and was noted to have redness to the left ear, face and temple, and swelling to his/her left ear with bruising noted to the left side of the face. Resident #5 was taken to the bathroom by LPN #1 where the resident stated he/she was seeing lights, and an unsteady gait was observed. 911 was called and the resident was taken to the ER for evaluation.</p> <p>Review of facility documentation identified that no statements were obtained from staff following the incident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Village North Health and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  78 Viets St Extension New London, CT 06320	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview and facility documentation review with the DNS on 9/19/24 at 11:05 AM identified that the Nursing Supervisor on the shift that an incident occurs is responsible for obtaining staff statements in real time before the end of their shift. She identified that although she completed the Reportable Event Summary for the 8/30/24 incident between Resident #3 and Resident #4 on 9/2/24 and the 8/31/24 incident between Resident #1 and Resident #5 on 9/3/24, the investigations were not completed, as they were missing statements from primary caregivers at the time of the incident and/or did not speak to the residents' status prior to the incidents. She was unsure why statements had not been obtained and reported that she was unable to find documentation that nursing supervisors had been educated on requirements for a Reportable Event to the State Agency and completing a full investigation.</p> <p>Review of the Abuse Prohibition and Quality Assurance policy 9/2016 directed, in part, that in the instance that a resident is found to have been abused by another resident in the facility, a thorough investigation will be conducted by the Director of Nursing and/or Social Services department.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Village North Health and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Viets St Extension New London, CT 06320	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48879</b></p> <p>Based on review of the clinical record, facility documentation, facility policy and interviews for 5 (five) of 5 (five) residents (Residents #1, 2, 3, 4 and 5) reviewed for resident-to-resident abuse, the facility failed to ensure that the residents were provided social services support timely after resident-to-resident abuse occurred within the facility. The findings include:</p> <p>1. Resident #1's diagnoses included paranoid schizophrenia, antisocial personality disorder, adjustment disorder and anxiety disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was cognitively intact and was independent with bed mobility, transfers and personal hygiene.</p> <p>The Resident Care Plan (RCP) dated 7/23/24 identified that Resident #1 has the potential for altered mood related to diagnoses of paranoid schizophrenia, anxiety disorder, depression and adjustment disorder. Interventions included to allow the resident to express feelings, staff to speak softly and clearly when communicating, observe for changes in mood/depression and notify physician of changes, administer psychotropic medications as ordered, psychiatry and psychological services as needed and encourage the resident to participate in activities of choice.</p> <p>Review of the facility Reportable Event dated 8/7/24 identified that at 9:10 AM Resident #1 struck another resident (Resident #2) in the face and continued to pursue Resident #2 and staff while making threats of physical harm. It identified that the residents were in the solarium prior to smoking group and Resident #2 was running his/her mouth towards Resident #1 and Resident #1 then slapped Resident #2 with an open hand, which was witnessed by other residents. Both Resident #1 and #2 were separated, the APRN was notified, and Resident #1 was placed on a one-to-one staff observation pending transfer to the Emergency Department (ED). The intervention was for staff to supervise the northeast solarium prior to smoking group.</p> <p>Social service note dated 8/8/24 at 3:49 PM identified that Social Worker #2 initially met with Resident #1 on 8/8/24 following the resident-to-resident incident that occurred on 8/7/24.</p> <p>Review of progress notes from 8/9/24 through 8/11/24 for Resident #1 failed to identify any social service notes.</p> <p>Social service note dated 8/12/24 at 4:43 PM identified that Social Worker #2 again met with Resident #1 regarding the resident-to-resident incident that occurred on 8/7/24 and reported she would continue to support and follow-up with the resident.</p> <p>Review of social service notes from 8/13/24 through 8/20/24 for Resident #1 failed to identify any social service notes.</p> <p>2. Resident #2's diagnoses included vascular dementia with behavioral disturbances, adjustment disorder and narcissistic personality disorder.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Village North Health and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 78 Viets St Extension New London, CT 06320	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 was moderately cognitively impaired and required moderate assistance with bed mobility and transfers and was dependent on staff for personal hygiene.</p> <p>The Resident Care Plan (RCP) dated 7/29/24 identified that Resident #2 has behaviors and is not capable of understanding the risks of his/her outbursts. The resident shows aggression to staff, refuses medications, refuses care, displays increased confusion with smoking times and misplacing personal items and displays accusatory, intrusive and argumentative behaviors. Interventions included to attempt to re-direct the resident in a clear, calm voice, provide reality orientation, psych and social services follow-up as needed, administer psychotropic medications as ordered, observe and document for side effects and effectiveness and discuss procedures and medications prior to administration.</p> <p>Review of the facility Reportable Event (RE) dated 8/7/24 identified that at 9:10 AM Resident #1 struck Resident #2 in the face and continued to pursue Resident #2 and staff while making threats of physical harm. The RE identified that the residents were in the solarium prior to smoking group and Resident #2 was running his/her mouth towards Resident #1 and Resident #1 then slapped Resident #2 with an open hand, which was witnessed by other residents. Both Resident #1 and #2 were separated, the APRN was notified, and Resident #1 was placed on a one-to-one staff observation pending transfer to the Emergency Department (ED). The intervention was for staff to supervise the northeast solarium prior to smoking group.</p> <p>Review of social service notes from 8/1/24 through 8/31/24 failed to identify any social worker interaction with Resident #2 regarding the resident-to-resident incident that occurred on 8/7/24.</p> <p>Interview and clinical record review with Social Worker #1 on 9/18/24 at 3:11 PM identified that he was responsible for the social work services with Resident #2. He reported that following an allegation of or an incident of abuse, social services is responsible to meet with all residents involved within 24 hours, and then follow-up daily for 72 hours to track the resident's adjustment and psychological status. He identified that there was no social service documentation regarding the 8/7/24 resident-to resident incident involving Resident #2 and stated that although he should have met with the resident, he didn't remember doing so and that's why there was no documentation.</p> <p>3. Resident #5's diagnoses included schizoaffective disorder, post-traumatic stress disorder, borderline intellectual functioning and bipolar disorder.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #5 was cognitively intact and required setup assistance with personal hygiene and was independent with bed mobility and transfers.</p> <p>The Resident Care Plan (RCP) dated 8/15/24 identified that Resident #5 has a history of behaviors including a history of taking off clothing publicly, wandering, refusal of care and hoarding dirty/soiled clothing. Interventions included to allow the resident time to communicate effectively, encouraging as much participation/interaction by the resident as possible during care activities, giving clear explanations of all care activities prior to and as they occur, praising the resident when behavior is appropriate and reapproaching the resident when they refuse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Village North Health and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  78 Viets St Extension New London, CT 06320	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Social service note dated 8/31/24 at 10:33 AM identified that Social Worker #2 met with Resident #5 and that his/her room was changed to ensure safety following the resident-to-resident incident with his/her roommate. It reported that Resident #5 stated he/she was not scared or concerned following the incident. The note identified that social services would continue to follow-up for acclimation and comfort.</p> <p>Review of social service notes from 9/1/24 through 9/8/24 failed to identify further social service follow-up with Resident #5.</p> <p>4. Resident #3's diagnoses included anxiety disorder, adjustment disorder and severe intellectual disabilities.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 was moderately cognitively impaired and was independent with bed mobility, transfers and personal hygiene.</p> <p>The Resident Care Plan (RCP) dated 8/11/24 identified that Resident #3 has the potential for altered mood related to diagnoses of personality and behavioral disorder, displaying behaviors of pacing, verbally abusive to staff and uses inappropriate language. Interventions included to observe for changes in mood/depression and notify physician of changes, psychiatry and psychological services as needed, encourage the resident to talk about issues and encourage the resident to participate in activities of choice.</p> <p>Review of the facility Reportable Event dated 8/30/24 identified that at 6:40 AM Resident #3 was witnessed by the ADNS with increased agitation, threatening to kill his/her roommate. Resident #3 and Resident #4 were immediately separated by staff. Resident #3 was placed on a one-to-one staff observation, emergency services and the police were notified, and the resident was transferred to the ED for evaluation. Resident #4 denied any emotional distress and reported feeling safe. Resident #3's room was changed upon readmission to the facility.</p> <p>Social service note dated 8/31/24 at 10:46 AM identified that Social Worker #2 met with Resident #3 following the resident-to-resident incident. It also identified that the resident had a room change and was acclimating well. The note identified that the social worker would continue to follow-up regarding the resident-to-resident incident and room change.</p> <p>Review of social service notes dated 9/1/24 through 9/8/24 failed to identify further follow-up regarding the resident-to-resident incident that occurred on 8/30/24.</p> <p>5. Resident #4's diagnoses included dementia with behavioral disturbances, schizophrenia, anxiety disorder, and post-traumatic stress disorder.</p> <p>The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #4 was moderately cognitively impaired and was independent with bed mobility, transfers and personal hygiene.</p> <p>The Resident Care Plan (RCP) dated 8/23/24 identified that Resident #4 has a potential mood/behavior problem related to schizophrenia and behaviors of delusions and paranoia, argumentative, accusatory, short-tempered and easily annoyed. Interventions included administering psychotropic medications as ordered, encouraging the resident to express feelings, observing for changes in mood/depression and notifying the physician of changes and psychiatry services as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Harbor Village North Health and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE  78 Viets St Extension New London, CT 06320	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility Reportable Event dated 8/30/24 identified that at 6:40 AM Resident #3 was witnessed by the ADNS with increased agitation, threatening to kill his/her roommate. Resident #3 and Resident #4 were immediately separated by staff. Resident #3 was placed on a one-to-one staff observation, emergency services and the police were notified, and the resident was transferred to the ED for evaluation. Resident #4 denied any emotional distress and reported feeling safe. Resident #3's room was changed upon readmission to the facility.</p> <p>Social service note dated 8/30/24 at 3:14 PM identified that Social Worker #2 met with Resident #4 regarding the resident-to-resident incident with his/her roommate that occurred earlier that day and the resident reported that he/she didn't have any concerns or anxiety following the incident. It identified that the social worker would continue to follow-up with the resident.</p> <p>Review of social service notes from 9/1/24 through 9/19/24 failed to identify any further social service documentation.</p> <p>Interview with Social Worker #2 on 9/18/24 at 3:14 PM identified that social services is responsible for following up with all residents involved in resident-to-resident incidents within 24 hours, but ideally as soon as possible. Social services is then responsible for following up daily for 3 days after the initial encounter and documenting all encounters in the clinical record. She identified that she was responsible for social work services on Residents #1, 3, 4 and 5 and was unsure why she did not consistently meet with the residents initially and then daily for 3 days.</p> <p>Interview with the Administrator on 9/19/24 at 11:24 AM identified that the social workers fall under the administrator and that she has given them verbal education in the past related to the follow-up on allegations of and actual abuse within the facility, but reported they did not have any documented education or ongoing QAPI related to social services. She identified that she expects the social workers to meet with all residents involved in abuse incidents as soon as possible but at least by the next business day, and then daily for 72 hours. She indicated that the facility would provide education regarding their expectations to the social workers moving forward.</p>