

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075200	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2025
NAME OF PROVIDER OR SUPPLIER  Southport Center for Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 930 Mill Hill Terrace Southport, CT 06890	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, facility documentation, and staff interviews for one of three residents (Resident #1) reviewed for quality of care, the facility failed to ensure staff followed up with a consulting physician office timely in accordance with hospital discharge directions. The findings include:</p> <p>Resident #1 had a diagnosis of malignant neoplasm of the left breast. The quarterly Minimum Data Set (MDS) dated [DATE] identified Resident #1 had a Brief Interview of Mental Status (BIMS) score of five (5) indicating severely impaired cognition and required assistance with Activities of Daily Living (ADLs). The Resident Care Plan (RCP) dated 2/26/2025 identified a diagnosis of cancer. Interventions directed to monitor for adverse effects if receiving chemotherapy or radiation.</p> <p>Hospital Discharge summary dated [DATE] directed to contact Resident #1's oncology office two (2) weeks post discharge for Stage 4 left breast cancer. No appointments were listed on the discharge summary.</p> <p>The nursing admission note dated 7/30/2024 at 10:44 PM identified to follow up with Resident #1's oncology office within two (2) weeks related to Stage 4 left breast cancer.</p> <p>Record review failed to identify Resident #1's oncology office was contacted two (2) weeks after he/she was discharged from the hospital.</p> <p>Interview with oncology office RN #1 on 4/9/2025 at 10:59 AM identified the office did not receive a call from the facility within two (2) weeks after the resident was discharged from the hospital.</p> <p>Interview and record review with the DNS and Administrator on 4/9/2025 at 11:42 AM identified they were unable to locate documentation that the facility contacted Resident #1's oncology office two (2) weeks after hospital discharge, in accordance with the hospital directions. The interview identified the facility should have followed up with the oncology office, and the DNS and Administrator did not know why the facility did not follow up.</p> <p>Facility follow up appointment policy dated 3/4/2025 directed in part, upon admission the admitting RN will review the resident's chart and identify any follow up appointments needed based on hospital discharge instructions and schedule in a timely manner.</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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