STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075213	A. Building B. Wing	11/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Civita Care Center at Milford	2028 Bridgeport Ave Milford, CT 06460

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37721 Based on clinical record reviews, facility documentation, facility policy and interviews for two (2) of three (3) residents (Resident #1 and Resident #2) reviewed for abuse, the facility failed to ensure the comprehensive care plan reflected a consensual relationship between two residents with the capacity to consent. The findings include: 1. Resident #1's diagnoses included fracture of one rib on the left side and diabetes mellitus. The Preadmission Screening and Resident Review (PASRR) dated 9/20/23 had a diagnosis of schizophrenia, required nursing services for a healing fracture and did not have a legal guardian or conservator. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was alert and oriented, without cognitive impairment, independent with bed mobility and required supervision with ambulation and locomotion with the use of a wheelchair identified. A Psychiatric Evaluation dated 10/3/23 identified Resident #1 was seen following an inappropriate social interaction with another resident. Resident #1 was alert and oriented, able to make needs known and decided to have a consensual sexual interaction with a peer. Discussed interaction with a peer, counsel on behaviors at the facility and judgement. Resident #1 acknowledged understanding of counsel. The Resident Care Plan (RCP) dated 10/20/23 identified Resident #1 met had a PASRR level II diagnosis of schizophrenia and a discharge plan to return to the community with interventions that directed to provide support and encouragement with rehabilitation, provide ongoing psychotherapy and provide training in community living skills. The care plan failed to reflect the consensual relationship between Resident #1 and Resident #2. A nurse's re-admission note dated 10/18/23 at 9:38 PM identified Resident #1 had bruising to the upper extremities bilaterally. 2. Resident #2 had diagnoses that included displaced fracture of the tibial tuberosity (below the knee) and schizoaffective disorder. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The quarterly MDS assessment dated [DATE] identified Resident #2 had moderate cognitive impairment and was independent with activities of daily living. The RCP dated 7/27/23 identified Resident #2 met PASRR Level II criteria due to a diagnosis of schizoaffective disorder and had a plan in place to return to the community with interventions included psychotherapy with a trained psychotherapist and training in community living skills. A nurses note dated 9/27/23 identified staff reported observing Resident #2 engaged in consensual activity. Education on safe sexual practices provided. A psychiatric progress note date dated 9/29/23 Resident #2 was found earlier in the week engaged in an inappropriate sexual act in the elevator by a nurse aide. Resident #2 stated the act was consensual and that s/he had feelings for Resident #1. Resident #2 expressed wanting to be with Resident #1 but understood the need for a more private place. The care plan failed to reflect the consensual relationship between Resident #1 and Resident #2. An interview with Resident #1 on 11/27/23 at 10:02 AM identified that s/he and Resident #2 were in a consensual relationship dating back approximately 4 months. An interview with Resident #2 on 11/27/23 at 10:18 AM identified s/he was in a consensual relationship with Resident #1 that began sometime after summer. her. An interview with the ADNS on 11/27/23 at 12:14 PM identified Resident #1 had previously referred to Resident #2 as h/her boy/girlfriend in the past and would often see them together outside. The ADNS stated they would order food for one another and were very social with no observations of any negative interactions. An interview with the DNS on 11/27/23 at 1:36 PM and 12/14/23 at 1:44 PM identified Resident #1 and Resident #2 were in a consensual relationship that was first known late September when a nurse aide encountered then alone in an elevator engaged in an (oral) sexual act. Resident #1 and Resident #2 both stated the interaction was consensual and subsequently met with psychiatry to discuss safe and appropriate interactions and a place to be intimate. The DNS thought the care plan had been revised to reflect the change in status. An interview with Social Worker, SW #1 on 11/27/23 at 1:56 PM identified Resident #1 and Resident #1 were both self-responsible for themselves. Resident #2 was conserved only for financial decisions. Although a policy for care planning was requested, none was provided.