STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075216	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McLean Health Center	75 Great Pond Rd Simsbury, CT 06070

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for change in condition, the facility failed to ensure responsible party was notified timely of medication changes. The findings included: Resident #1's diagnoses included pneumonitis, neuropathic bladder and cognitive communication disorder. Record review identified Resident #1 was self-responsible until 12/20/2025, and Resident #1 had two (2) designated Responsible Parties. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of nine out of fifteen, indicative of moderate cognitive impairment, was dependent with ADLs, and had indwelling urinary catheter. The Resident Care Plan (RCP) dated 11/26/2025 identified Resident #1 had a wound, had a foley catheter, and had an alteration in ADL self-care performance. Interventions directed wound care as ordered, notify the physician of changes in the wound, medication as ordered, foley catheter monitor for signs of infection and notify the physician as indicated, and provide assistance with personal hygiene. APRN note dated 1/2/2026 at 1:04 PM indicated Resident #1 was seen for complaint of a sore throat. Resident #1 indicated the sore throat started on 1/1/2026. Denied pain with swallowing, denied rhinorrhea, occasional cough, and no fever. Currently up in wheelchair in room with complaints of pain when sitting in chair. Has sacral wound, recently completed antibiotic, no hematuria noted in foley bag, urine cloudy, appetite fair, drinking well, working with therapy, blood sugars stable. Vital signs reviewed and stable, medications, labs and progress notes reviewed, lungs clear, sore throat. Plan start Acetaminophen twice a day for three (3) days. Physician/APRN order dated 1/2/2026 directed Acetaminophen tablet 325 milligrams (mg) give two (2) tablets two times a day for sore throat until 1/5/2026. Review of record failed to identify that the responsible party was notified by facility staff of a medication change. APRN note dated 1/7/2026 at 10:46 PM identified a follow up visit to evaluate Resident #1's sacral wound not improving and pain related to the sacral wound. Resident #1's responsible party called nursing this morning and requested pain medication prior to wound treatment. Resident #1 reported pain when sitting in chair, but responsible party insists he/she be up in the chair. APRN recommended that Resident #1 spend short time in chair and more time in bed on his/her side for wound healing. On oxycodone scheduled twice a day and as needed every six (6) hours, but with the schedule he/she will not receive as needed except overnight. Physician/APRN order dated 1/7/2026 directed Acetaminophen tablet 500 mg, give two (2) tablets by mouth every 8 hours for pain. Record review failed to identify the facility staff notify the responsible party of new order for Acetaminophen tablet 500 mg give two (2) tablets by mouth every 8 hours for pain. Nursing note dated 1/12/2026 titled Communication with Family indicated a call was placed to family at his/her request. Labs were reviewed, a copy was provided, and updated urinary catheter was changed without incident. APRN order dated 1/12/2026 directed on Acetaminophen oral tablet 325 mg give three (3) tablets every eight (8) hours for pain management. Review of record failed to identify the responsible party was notified of the new Acetaminophen orders dated 1/12/2026 that directed to administer 325 mg, give three (3) tablets every eight (8) hours for pain management. APRN (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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	note dated 1/21/2026 indicated Resident #1 was seen for follow up and lab review. [NAME] blood cell count was elevated, no fever and the sacral wound was unchanged. An MRI was scheduled for next week to rule out osteomyelitis, urinary catheter remains in place, chronic milky appearing urine despite flushing twice daily, recent catheter change, and urine culture was negative. Nursing note dated 1/22/2026 indicated new onset change in level of consciousness, temperature 97.8 degrees, brief episode of non-responsiveness, the responsible party returned Resident #1 to his/her room. Resident #1 was tired and sleepy but arousable, transferred back to bed and became more awake. The APRN was notified and assessed Resident #1. Physician order dated 1/22/2026 directed to obtain a urinalysis with culture, and to administer Doxycycline Hyclate (antibiotic) oral tablet 100 mg give 100 mg mouth two (2) times a day for leukocytosis for seven (7) days, to start after urine culture was obtained. The order further directed to administer Acidophilus (probiotic) oral capsule, give two (2) capsules by mouth three (3) times a day for gut health while on antibiotics for 7 (seven) days. Record review failed to identify the responsible party was notified of the new orders obtained on 1/22/2026 that directed to administer Doxycycline Hyclate oral and Acidophilus. Interview and record review on 3/16/2026 at 2:33 PM with the DNS identified initially the resident was self-responsible and was later evaluated by psychiatry who identified he/she was unable to demonstrate decisional capacity. Although the DNS stated any resident's responsible party should be notified of new physician orders, the DNS was unable to provide documentation that Resident #1's responsible party was notified of the medication changes that occurred on 1/2, 1/7, 1/12, and 1/22/2026. The DNS stated the nurse on each shift should have notified and documented the notification in the clinical record. Review of facility Change of Resident's Condition Policy directed in part, to assess changes of conditions and to notify the physician, and family (representative/responsible party). Clearly document the date, times, physicians/personnel/family (representative/responsible party) of notification and any pertinent information in the nurses' notes.