

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER McLean Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 medication errors, the facility failed to ensure the resident and physician/APRN were notified timely when a medication was not administered in accordance with physician orders. The findings include: Resident #1's diagnoses included depressive episodes and anxiety disorder. The Resident Care Plan (RCP) dated 4/8/2026 identified Resident #1 had anxiety and insomnia. Interventions directed to administer antianxiety medications as ordered by the physician, and maintain consistent schedule with daily routine. The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 was alert and oriented. Review of hospital discharge paperwork dated 4/7/2026 directed start 4/8/2026 Clonazepam (Klonopin, used to treat anxiety) 0.25 mg (milligrams) disintegrating tablet take one tablet by mouth nightly. A physician order dated 4/7/2026 directed Clonazepam oral tablet disintegrating 0.25 mg give one (1) tablet by mouth at bedtime for anxiety, start 4/8/2026. Review of the April MAR (Medication Administration Record) directed Clonazepam oral tablet disintegrating 0.25 mg give one (1) tablet by mouth at bedtime, scheduled for 9 PM, for anxiety. The box to sign for 4/8/2026 was blank, with no entry to identify the medication was administered. Record review failed to identify that the resident or physician/APRN were notified that Clonazepam 0.25 mg was not administered on 4/8/2026. a. Physician order dated 4/9/2026 directed Clonazepam oral tablet disintegrating 0.50 mg give one (1) tablet by mouth at bedtime for insomnia. Review of April MAR (Medication Administration Record) directed Clonazepam oral tablet disintegrating 0.50 mg give one (1) tablet by mouth at bedtime, scheduled for 9 PM, for anxiety. The box for the nurse to sign for 4/9/2026 was marked with a 9 (other/see progress notes). Record review failed to identify that the resident or physician/APRN were notified that Clonazepam 0.25 mg was not administered on 4/9/2026. b. Physician order dated 4/13/2026 directed Clonazepam oral tablet disintegrating 0.25 mg give three (3) tablets by mouth at bedtime for anxiety. Review of April MAR (Medication Administration Record) directed start date 4/13/2026 Clonazepam oral tablet disintegrating 0.25 mg give three (3) tablets by mouth at bedtime, scheduled for 8 PM, for anxiety. Further review identified on 4/20, 4/21, 4/22/2026 as 9 (other/see progress notes). Record review failed to identify a nursing note for 4/20/2026. Nursing note (late entry) dated 4/21/2026 identified the pharmacy was called to verify Klonopin (Clonazepam) 0.25 mg, give three (3) tabs, equaling 0.75 mg total, and a prescription was electronically sent by APRN and would be sent this afternoon. Confirmed with pharmacy the script was received, and the unit nurse and DNS updated. Nursing progress note dated 4/22/2026 by RN #2 indicated the Clonazepam 0.25 mg three (3) tabs was not available for administration; awaiting delivery from the pharmacy. Review of RN #1 written statement dated 4/25/2026 identified the Clonazepam was not given to Resident #1 (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER McLean Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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	due to unavailability on 4/20, 4/21 and 4/22/2026. Record review failed to identify that the resident or physician/APRN were notified that Clonazepam 0.25 mg three (3) tablets were not administered on 4/20, 4/21 and 4/22/2026. On 7/7/2026 at 12:11 PM interview with RN #2 identified that a resident should be notified if a medication was unavailable, and it should be documented in the resident's record. On 7/7/2026 at 12:42 PM interview with RN #1 identified if a medication was unavailable the resident should be notified. Interview, record review and facility policy review on 7/7/2026 at 2:26 PM with the DNS indicated the facility should have had Resident #1's Clonazepam upon admission, and if the medication was not administered, the resident and physician/APRN should be notified. Interview failed to identify why the resident and physician/APRN were not notified. Notification to a family should be completed if the resident was not alert and oriented. Review of facility Change of Resident's Condition Policy directed in part; when a resident has a change of condition, timely notification of physician and family occur.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER McLean Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **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 medication errors, the facility failed to ensure medications were administered in accordance with physician orders. The findings include: Resident #1's diagnoses included depressive episodes and anxiety disorder. The Resident Care Plan (RCP) dated [DATE] identified Resident #1 had anxiety and insomnia. Interventions directed to administer antianxiety medications as ordered by the physician, and maintain consistent schedule with daily routine. The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 was alert and oriented. Review of hospital discharge paperwork dated [DATE] directed start [DATE] Clonazepam (Klonopin, used to treat anxiety) 0.25 mg (milligrams) disintegrating tablet take one tablet by mouth nightly. A physician order dated [DATE] directed Clonazepam oral tablet disintegrating 0.25 mg give one (1) tablet by mouth at bedtime for anxiety, start [DATE]. Physician order dated [DATE] directed Clonazepam oral tablet disintegrating 0.50 mg give one (1) tablet by mouth at bedtime for insomnia. Physician order dated [DATE] directed Clonazepam oral tablet disintegrating 0.25 mg give three (3) tablets by mouth at bedtime for anxiety. Review of the April MAR (Medication Administration Record) identified the 4/8 Clonazepam nurse signature box was blank (not signed to identify the medication was administered). Additional review identified the signature box for 4/9, 4/20, 4/21 and [DATE] were marked 9 to indicate see progress notes. Nursing note review failed to identify why the 4/8, 4/9 and [DATE] doses of Clonazepam were not administered. Nursing note dated [DATE] identified the Clonazepam was not available and a call was made to the pharmacy. The pharmacy confirmed a script was received and it would be sent to the facility this afternoon. Nursing note dated [DATE] by RN #2 indicated the Clonazepam 0.25 mg three (3) tabs were not available for administration; awaiting delivery from the pharmacy. Facility incident report dated [DATE] identified Resident #1 did not receive Clonazepam as ordered on 4/20, 2/21 and [DATE] because the medication was not available in resident supply and was not available in facility emergency supply. Review of RN #1 written statement dated [DATE] identified the Clonazepam was not given to Resident #1 due to unavailability on 4/20, 4/21 and [DATE]. Review of facility emergency medication stock machine Transactions by Item/Procedure report date range 4/1 to [DATE] identified Clonazepam 0.5 mg tablet quantity/supply on 4/4 was 0 and on [DATE] was 40. Although requested, the facility was unable to identify any additional emergency stock level of Clonazepam 0.5 mg in emergency stock throughout [DATE]. Interview, record review and facility policy review on [DATE] at 2:26 PM with the DNS identified she was not aware Resident #1's Clonazepam was not received timely from the pharmacy to ensure administration. The DNS stated the facility emergency supply should have included Clonazepam 0.5 mg during April. The DNS stated the facility had not been regularly stocking the Clonazepam in the emergency supply as it often expired before use, and she had corrected the supply issue. The DNS stated if she was notified, she would have ensured required steps were taken for the resident supply or the emergency supply, to ensure the medication was administered as ordered. Review of facility Medical Administration/Management Policy directed in part; to ensure that medications are safely and accurately administered and managed. Review of facility Agreement for Omnicell Automated Dispensing System directed in part; the purpose of the emergency supply of medication is to ensure the residents will have access to pharmaceutical care in a manner that provides for the appropriate initiation and continuation of drug therapy.		