

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/01/2025
NAME OF PROVIDER OR SUPPLIER Waterbury Center for Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 177 Whitewood Road Waterbury, CT 06708	
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 0559 Level of Harm - Potential for minimal harm Residents Affected - Some	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. Based on clinical record review, facility documentation review, facility policy review, and interviews for fourteen of nineteen residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15) reviewed for resident rights, the facility failed to provide residents with a notice of a room change due to facility renovations prior to the transfer to another room. The findings include: Review of facility documentation identified all residents on the East (1) Unit received a letter dated 10/30/2025 regarding an upcoming renovation project; the letter indicated it was from the Management regarding Notice of Upcoming Renovation Project. The letter did not identify if a room change would be initiated. The letter described a significant renovation project will begin on or about November 10th on the East 1 unit. Further, the letter described work to be completed, and that a plan to minimize disruption will include noise reduction, air quality and dust control, alternative space for dining and activities, safety measures and to contact the Administrator with any questions or concerns. Review of resident's individual records identified the residents were each provided a Notice of Room Change dated 10/29/2025. Each notice contained the resident's name and current room number. The notice indicated this Notice is to inform you that a room change is being considered. You have the right to appeal this decision. The effective date of the room change was listed as 10/29/2025 (the same day as the notice), and included the location of the new room along with the reason for the room change as facility renovations. The forms were signed by a facility representative, dated 10/29/2025 as the date signed, and were marked to indicate the resident, sponsor of the resident, the new roommate and the sponsor of the new roommate accepted and agreed to the room change. Review of facility documentation identified all residents on the East (1) Unit received an amended letter dated 11/7/2025 regarding an upcoming renovation project. The letter dated 10/30/2025 was amended to include the Ombudsman's contact information, and the bottom of the page included a box to check if the resident was moving from room XXX to room XXX or would have no room change. Interview with the Administrator on 11/10/2025 at 11:40 AM identified she was notified by the corporate team regarding renovations to be performed and she was directed to begin moving residents from the East (1) Unit on 10/30/2025, to initiate the process for the renovations. The Administrator identified it was the corporate team's responsibility to ensure the residents received a 30-day notice regarding the room changes for the planned building renovations. The Administrator stated the room change notices were given to the residents on the same day as the moving process began on 10/30/2025. The Administrator stated the facility provided the amended letter on 11/7/2025, that included the Ombudsman's contact information after the Ombudsman requested the information be added to the letters. Although the residents all received written notice of the room changes on 10/30/2025, the room changes were made on the same day, and the Administrator stated all residents should have received the notifications 30-days prior to the room changes being initiated. Interview and review of facility documentation with the DON on 11/10/2025 at 1:35 PM identified Corporate directed to close the unit and to move the residents quickly, within the week. The DON stated room change notices were given and would include a 30-day notice if the residents said no to move due to the construction. All notices were provided on 10/30/2025, the same (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 0559 Level of Harm - Potential for minimal harm Residents Affected - Some	day the residents were moved. Review of the facility Room Change Policy dated 1/19/2018 directed in part, room changes may be initiated for medical necessity, behavioral issues, resident requests, operational requirements including safety and emergency situations. Residents and families/responsible party will be informed of the decision and the reason behind it. Any concerns will be addressed, and an explanation will be provided.		