

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

Printed: 10/09/2026  
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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>075219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waterbury Center for Nursing & Rehabilitation LLC                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>177 Whitewood Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                                 |
| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, review of the clinical record, facility documentation, and facility policy for 3 of 6 residents (Resident #1, Resident #4 and Resident #45) reviewed for hospitalization, upon Resident #1's re-admission from the hospital, insulin orders were held for 2 days per physician orders, the facility failed to follow up with the physician after the 2-day hold, resumed insulin without verifying with the physician, which caused Resident #1 to receive excessive insulin, resulting in severe hypoglycemia, mental status changes and a blood glucose level of 27 milligrams per deciliter (mg/dl) which resulted in a significant medication error. Additionally, due to Resident #1 becoming severely hypoglycemic, Glucagon (an emergency injectable medication used to treat life-threatening low blood sugar) was required to be administered intramuscularly (IM). Additionally, for Resident #4 and Resident #45, the facility failed to correctly transcribe insulin orders from the hospital discharge instructions and therefore failed to administer the correct dose of insulin resulting in Resident #4 and Resident #45 experiencing hyperglycemia (elevated blood sugar) which required additional insulin be administered to lower blood sugar levels. These failures resulted in the findings of Immediate Jeopardy (IJ):</p> <p>1. Resident #1's diagnoses included Type 2 diabetes mellitus, pneumonia, and depression.</p> <p>A physician order dated 10/1/26 directed to administer Lantus Solostar U-100 Insulin (Insulin Glargine a long-acting insulin) 20 units subcutaneously in the PM (between 7:00 PM and 11:00 PM).</p> <p>A physician's order dated 10/2/26 directed to administer Lantus Solostar U-100 Insulin (Insulin Glargine) 40 units subcutaneously in the AM (between 5:00 PM and 7:00 PM).</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was severely cognitively impaired and was dependent with bed mobility, toileting, and transfers. The MDS indicated Resident #1 had diabetes mellitus and received Insulin injections daily.</p> <p>The Resident Care Plan dated 1/2/26 identified Resident #1 was at risk for abnormal blood glucose levels related to diabetes. Interventions included administering diabetic medications as ordered, monitoring for signs and symptoms of hypo and hyperglycemia, to perform blood glucose checks as ordered and report abnormal values to the physician.</p> <p>a. A nursing note dated 1/3/26 at 10:31 PM identified Resident #1 was found very lethargic and unresponsive with increased mucous in his/her mouth and inability to cough up secretions. Oxygen saturation was 77% and the resident's oxygen was increased to 5 liters via nasal cannula with (continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>decrease in oxygen saturation to 74%. Resident #1 was then put on a non-rebreather mask, and oxygen was increased resulting in an oxygen saturation increase to 88%. The nursing note failed to indicate if a blood glucose level was obtained. Resident #1 was transferred to the hospital emergency department for further evaluation and treatment.</p> <p>A Hospital Inpatient Discharge summary dated [DATE] at 3:08 PM identified Resident #1 was admitted on [DATE] after being found unresponsive and hypoglycemic at his/her skilled nursing facility. The resident's fingerstick blood glucose was in the 30's (severe hypoglycemia) and his/her mental status returned to baseline following dextrose administration. The principal problem during this admission was hypoglycemia. The resident was admitted to the intensive care unit (ICU) for close monitoring, hourly blood glucose and a dextrose infusion. At discharge the resident's blood sugars were trending up slowly and the Lantus 20 units at bedtime was to resume and Lantus 40 units in the morning remained on hold and should be resumed at the discretion of the nursing facility physician.</p> <p>A hospital Inter-Agency Patient Referral report (W-10) dated 1/6/26 indicated Resident #1 was admitted to the hospital on [DATE] with a primary diagnosis of hypoglycemia. The medication list directed that Insulin Glargine 100 units/ml prefilled pen injection 40 units under the skin daily was to be paused until the physician indicated it should be started again and Insulin Glargine 100 units/ml prefilled pen injection 20 units under the skin nightly was to continue.</p> <p>A Nursing admission note written by the Assistant Director of Nursing Services (ADNS) dated 1/6/26 at 10:16 PM identified Resident #1 had been readmitted to the facility with a diagnosis of hypoglycemia and the resident's insulin orders were put on hold until the APRN could re-evaluate. The nursing note indicated APRN #1 had verified the readmission orders.</p> <p>A physician order dated 1/6/26 directed blood sugars twice a day (between 6:30 AM and 8:30 AM and between 4:30 PM and 6:30 PM) and notify the provider if the blood sugar was less than 70 milligrams (mg) per deciliter (dl) or greater than 400 mg/dl.</p> <p>Additionally, a physician order dated 1/6/26 directed to hold Lantus Solostar Insulin (Insulin Glargine) 100 unit/ml 40 units daily at 6:00 AM from 1/7/26 to 1/8/26 (which corresponded with the hospital discharge recommendations placing Lantus Solostar (Glargine) 40 units on hold until the physician indicated it should be started again) but failed to identify to resume after the 2 day hold or discontinue.</p> <p>Additionally, a physician order dated 1/6/26 directed to hold Lantus Solostar Insulin (Insulin Glargine) 100/units/ml 20 units at bedtime from 1/6/26 to 1/10/26.</p> <p>An admission progress note written by Advanced Practice Registered Nurse (APRN) #2 on 1/8/26 at 9:00 AM identified Resident #1 was found to be hypoglycemic upon admission to the hospital (1/3/26) and Lantus Insulin was on hold while the resident was in the hospital, however Resident #1's blood sugars continued to rise, and Lantus was resumed at a lower dose. The resident was previously on 40 units daily and was to continue on 20 units daily (the nighttime dose). APRN #2's progress note indicated to continue blood glucose monitoring and titrate insulin as appropriate based on blood sugar (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>readings, hypoglycemia risk (blood sugar 122 mg/dl on 1/8/26) and as clinically indicated. The progress note indicated all medications had been reviewed and reconciled by APRN #2 (however there were no corresponding orders in the physician/APRN orders indicating when and at what dose the insulin was to resume).</p> <p>Review of Resident #1's Medication Administration Record (MAR) for January 2026 identified Lantus Solostar (Glargine) U-100 Insulin 40 units subcutaneous AM dose had directions indicating order on hold from 1/7/26 to 1/8/26 and the Lantus Solostar U-100 20 units subcutaneous PM dose had directions indicating order on hold from 1/6/26 to 1/10/26. Despite the directions to hold both insulin orders, Lantus Solostar 40 units subcutaneous AM dose was administered on 1/7/26 (which should have been on hold) and the Lantus 20 units subcutaneous PM dose was administered on 1/6/26 and 1/10/26 (which should have been on hold during that time).</p> <p>Per the MAR, after 1/10/26, Lantus Solostar U-100 Insulin 40 units subcutaneous AM and Lantus Solostar U-100 Insulin 20 units subcutaneous PM doses continued to be administered to Resident #1 (the clinical record failed to identify APRN #2 or the physician was contacted to question if insulin was to resume or be discontinued after it was on hold).</p> <p>A progress note written by APRN #2 on 1/23/26 at 11:00 AM identified Resident #1 was being seen for a medication renewal. The progress note indicated Lantus Solostar U-100 Insulin 100 units/ml insulin pen (no dosage) was to be administered subcutaneously once a day (a discrepancy because Resident #1 was receiving insulin twice a day per the MAR). The progress note indicated all medications had been reviewed and reconciled.</p> <p>b. The MAR from 1/23/26 through 2/17/26 (AM) identified Lantus Solostar U-100 Insulin 40 units subcutaneous AM and Lantus Solostar U-100 Insulin 20 units subcutaneous PM doses both continued to be administered to Resident #1 (despite APRN #2's progress notes from 1/23/26 indicating insulin was to be administered only once a day which resulted in Resident #1 receiving an extra 40 units of insulin daily for 15 days in error).</p> <p>A nursing note written by Registered Nurse (RN) #7 on 2/17/26 at 4:00 PM identified she was called into Resident #1's room for a change in Resident #1's mental status. The resident was found minimally responsive with stertorous breathing (a low-pitched, heavy, snoring sound) noted and the resident's initial blood sugar was 27 mg/dl (severely hypoglycemic). Glucagon 1 milligram (mg) intramuscularly (IM) was given immediately per orders with a slow but steady rise of blood sugar to over 100 mg/dl with improvement to the resident's baseline mental status (Resident #1 did not require a transfer to the hospital).</p> <p>A nursing note written by RN #7 on 2/17/26 at 4:37 PM identified she had notified APRN #2 of the resident's hypoglycemic episode and had received new orders to hold Lantus Insulin 20 units that night and to discontinue the current order for Lantus 40 units in the AM. The nursing note indicated Lantus 20 units in the AM would start on 2/18/26 and Resident #1's family had been updated on the hypoglycemia and new insulin orders.</p> <p>Review of the MAR for February 2026 identified on 2/15/26 Resident #1 had a blood glucose of 65 (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>mg/dl (hypoglycemia) at 6:30 AM. Lantus Solostar U-100 Insulin 40 units subcutaneous AM dose continued to be administered to the resident until it was discontinued on 2/17/26. Further, Lantus Solostar U-100 20 units subcutaneous PM dose continued to be administered to Resident #1 until 2/17/26, when the order was put on hold for one dose and resumed. An additional Lantus Solostar U-100 20 units subcutaneous AM dose was administered to Resident #1 on 2/18/26 and 2/19/26 and then was discontinued.</p> <p>A progress note written by APRN #2 on 2/20/26 at 11:00 AM identified Resident #1 was being seen for hypoglycemia and a Lantus dosing error. After the resident presented with periods of hypoglycemia a review of the insulin regimen revealed a medication administration error. The resident was only supposed to be administered Lantus once daily consisting of 20 units at bedtime but was incorrectly administered additional doses of consisting of Lantus 40 units in the morning in error. The morning dose of Lantus 40 units was discontinued, and the resident was placed on the correct regimen of Lantus 20 units at bedtime only. The progress note indicated Resident #1 had an accidental Insulin overdose secondary to a medication administration error and when the error was identified, the insulin regimen was corrected. Further, blood sugar monitoring was to continue with notification of the physician for recurrent hypoglycemia or persistently elevated blood sugars following correction of the insulin dosage to be administered at bedtime only.</p> <p>An APRN order (from APRN #2) dated 2/20/26 directed to discontinue Lantus Solostar U-100 Insulin (Insulin Glargine) 20 units subcutaneous once a day between 7:00 AM and 11:00 AM.</p> <p>Interview and review of the clinical record with the Director of Nursing Services (DNS) on 7/6/26 at 11:08 AM identified she was not aware of Resident #1's insulin medication error and was not aware that the resident's insulin dosage should have changed upon readmission to the facility on 1/6/26. The DNS indicated she was not notified by APRN #2 or any other staff when an insulin medication error was discovered by APRN #2 on 2/20/26. The DNS indicated when Lantus 40-unit dose in the AM was put on hold from 1/7/26 to 1/8/26 and was not addressed further, the physician's order automatically resumed and the Lantus 40-unit dose in the AM continued to be administered, in error and should not have been. The DNS further stated although APRN #2's progress note on 1/8/26 identified the correct insulin dosages for Resident #1, the progress note was not reviewed by the charge nurse or nursing supervisor after the APRN visit but should have been.</p> <p>Interview and review of the clinical record with the ADNS on 7/6/26 at 11:35 AM identified she was the admitting nurse when Resident #1 returned to the facility from the hospital on 1/6/26. The ADNS indicated although she reviewed the hospital discharge orders, put the AM Lantus 40 units order on hold and left a note for APRN #2 to review the readmission orders, she was unsure if APRN #2 had received the sticky note. Review of APRN #2's progress note dated 1/8/26 with the ADNS identified the correct dosages of insulin had been documented by APRN #2 in the progress note. The ADNS stated she had made a mistake on 1/6/26 when she transcribed the AM Lantus 40-unit dose as being order on hold and should have discontinued the order because when the order was not addressed on 1/8/26 by APRN #2 the order automatically resumed after the hold date (of 1/8/26) had passed. Further, causing Resident #1 to be administered Lantus 40 units in the AM in error until 2/17/26 when the resident experienced severe hypoglycemia that required emergency intervention. The ADNS stated she was not aware of APRN #2's review of Resident #1's medication regimen that identified (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>075219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waterbury Center for Nursing & Rehabilitation LLC                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>177 Whitewood Road<br>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.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                 |
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| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>the insulin dosage error on 2/20/26 and although APRN #2 identified the medication error in her progress note, APRN #2 did not tell anyone at the facility about the error. The ADNS further indicated that APRN progress notes were only reviewed when needed and not reviewed on a routine basis. The ADNS further noted that APRN #2's progress note from 2/20/26 must not have been reviewed because the facility was not aware of the insulin dosage error until surveyor inquiry on 7/2/26.</p> <p>Interview and review of nursing notes with RN #7 on 7/8/26 at 3:20 PM identified she was the nursing supervisor working the 3:00 PM to 11:00 PM shift on 2/17/26 when Resident #1 had an episode of severe hypoglycemia and required emergency intervention with the administration of Glucagon IM. RN #7 indicated she informed APRN #2 of the resident's blood sugar of 27 mg/dl and obtained new physician orders for the resident's Insulin from APRN #2 but did not otherwise fully recall the incident. RN #7 stated she did not discuss anything further with APRN #2 on 2/17/26 and she was not aware a medication error had been discovered regarding Resident #1's insulin dosage on 2/20/26.</p> <p>Interview with the Regional Pharmacy consultant on 7/8/26 at 3:37 PM identified if the resident received an overdosage of Lantus 40 units in error it would have contributed to Resident #1 having a severe hypoglycemic reaction.</p> <p>Interview with the Medical Director on 7/9/26 at 9:50 AM identified he had reviewed Resident #1's medical records and the medication error for Resident #1 was a significant medication error which contributed to the resident's severe hypoglycemia that required emergency intervention (with Glucagon IM) on 2/17/26. The Medical Director indicated that when the resident was readmitted from the hospital on 1/6/26 it was the responsibility of the admitting nurse to ensure the insulin dosages were transcribed correctly.</p> <p>Interview and review of APRN #2's progress notes with APRN #2 on 7/9/26 at 12:30 PM identified although she reviewed Resident #1's readmission orders on 1/8/26 she was not aware that the admitting nurse (ADNS) had put the Lantus 40 units in the AM dose on hold from 1/6/26 through 1/8/26 and that the ADNS should have discontinued the order on admission (based on the hospital discharge orders) and until APRN #2 was able to review the Insulin orders in person on 1/8/26 at which time she would have discontinued the AM Insulin . APRN #2 indicated by putting the Lantus 40 units in the AM dose order on hold, the order would automatically resume after the hold date (of 1/8/26) had passed and she had not received a note or other notification from the ADNS regarding Resident #1's Insulin orders. APRN #2 identified, (based on her progress note dated 1/8/26), the order for Lantus 40 units in the AM should have been discontinued and the resident should have continued to only receive Lantus 20 units in the PM. APRN #2 stated although she reviewed the resident's hospital discharge medications and orders she did not enter a new order to discontinue the Lantus 40-unit dose in the AM. APRN #2 noted she was not aware the order was only on hold and was not aware Resident #1 had continued to receive the dosage until the resident's episode of severe hypoglycemia on 2/17/26 (at which point she discontinued Lantus 40 units in the AM dose). Review of her progress note on 2/20/26 indicated her subsequent review of the resident's medication regimen had identified the Lantus 40 units in the AM dose medication error which was corrected. APRN #2 stated she was unsure who at the facility she informed of the insulin medication error on 2/20/26 but she would have informed the charge nurse and nursing supervisor of the error when she (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>discovered it. Additionally, APRN #2 indicated the insulin overdose was a significant medication error and by not administering the correct insulin dose, it contributed to the severe and dangerous hypoglycemia on 2/17/26 (blood sugar of 27 mg/dl) which required emergency intervention (Glucagon IM was administered).</p> <p>2. Resident #4's diagnoses included insulin dependent diabetes mellitus with hyperglycemia (high blood sugars), malnutrition, and hypertension (high blood pressure).</p> <p>A hospital Inter-Agency Referral Document (W-10) and Discharge summary dated [DATE] directed Insulin Glargine (Lantus) 100 units/milliliter (u/ml) give 40 units subcutaneously (under the skin) daily at bedtime</p> <p>A physician order dated 4/1/26 directed Insulin Glargine (Lantus) 100 units/ml give 4 units (a discrepancy with the hospital discharge instructions directing 40 units of Insulin Glargine at bedtime) subcutaneously daily at bedtime (36 units less of Insulin Glargine from the hospital instructions).</p> <p>A progress note dated 4/3/26 at 8:15 AM and written by Advanced Practice Registered Nurse (APRN) #2 indicated Resident #4 orders for Insulin Glargine (Lantus) 100 units/ml give 40 units subcutaneously daily at bedtime, Insulin Lispro 100 units/ml, give 15 units three times a day with meals, hold for blood glucose less than 100, and monitor blood glucose daily before breakfast and dinner.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #4 had intact cognition and required one person to assist with taking off/putting on footwear, lower body dressing, and walking.</p> <p>The Resident Care Plan dated 4/7/26 identified Resident #4 was at risk for abnormal blood glucose (sugar in the blood) levels and at risk for complications related to diabetes. Interventions directed to provide diabetic medications and or Insulin as ordered by medical doctor (MD), evaluate response, monitoring for signs and symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar), observing for changes in mental status, lethargy, dizziness, and diaphoresis (excessive sweating without exposure to heat or physical activity).</p> <p>Review of the Medication Administration Record (MAR) dated April 2026 noted Insulin Glargine (Lantus) 100 units/ml give 4 units daily at bedtime (a discrepancy from the hospital directions of Insulin Glargine 40 units at bedtime) from 4/1/26 through 4/10/26 when the dose was increased to Insulin Glargine (Lantus) 100 units/ml give 10 units daily at bedtime. There was no order for glucose monitoring before breakfast and dinner in the MAR until 4/10/26 despite the APRN #2 ordering them. There were no blood glucose monitoring results from 4/2/26 through 4/11/26 and from 4/16/26 through 4/30/26 despite physician orders.</p> <p>Review of the physicians orders and MAR from May 2026 failed to identify blood glucose monitoring was completed from 5/1/26 through 5/6/26 despite physician orders directing blood glucose monitoring before breakfast and dinner. On 5/15/26 Insulin Glargine (Lantus) 100 units/ml was increased from 10 units daily at bedtime to 15 units daily at bedtime. Blood sugars were documented (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>from 5/7/26-5/15/26 and ranged from 229-398 mg/dl. On 5/20/26, APRN #2 added a medication Glipizide (an oral medicine to help lower blood sugar) 2.5 mg by mouth once daily and a sliding scale insulin order for Insulin Lispro (a fast-acting insulin used to lower blood sugars) 100 unit/ml three times a day before meals. On 5/28/26 the Insulin Glargine (Lantus) 100 units/ml order was increased from 15 units daily at bedtime to 25 units daily at bedtime. Blood sugars were recorded from 5/15/26-5/28/26 and ranged from 187-525 mg/dL.</p> <p>Review of the physicians orders and MAR from May 2026 failed to identify blood glucose monitoring was completed from 5/1/26 through 5/6/26 despite physician orders directing blood glucose monitoring before breakfast and dinner. On 5/15/26 the Insulin Glargine (Lantus) 100 units/ml was increased from 10 units daily at bedtime to 15 units daily at bedtime. On 5/28/26 the Insulin Glargine (Lantus) 100 units/ml order was increased from 15 units daily at bedtime to 25 units daily at bedtime.</p> <p>Review of physicians orders and MAR for June 2026 indicated Insulin Glargine (Lantus) 100 units/ml was increased from 25 units daily at bedtime to 30 units daily at bedtime on 6/4/26. Blood sugars were documented from 5/28/26-6/3/26 and ranged from 104-390 mg/dl. On 6/18/26 APRN #2 increased Resident #4's Glipizide from 2.5 mg by mouth daily to 5 mg by mouth daily.</p> <p>Review of the MAR for May 2026 and June 2026 indicated Insulin Lispro sliding scale coverage was administered 55 times between 5/20/26 through 6/24/26.</p> <p>Review of physicians orders and MAR for June 2026 indicated Insulin Glargine (Lantus) 100 units/ml was increased from 25 units daily at bedtime to 30 units daily at bedtime.</p> <p>An Accident and Incident Medication Error form dated 7/8/26 identified a transcription error of Insulin Glargine 10 units/ml, give 4 units subcutaneously daily at bedtime had been made that had resulted in a significant medication error. The medication error form indicated the correct dosage should have been Insulin Glargine 100 units/ml, give 40 units subcutaneously daily at bedtime. The medication error form indicated Resident #4 presented with elevated blood sugars and noted the admission nurse had been rushing and missed the error on double checking (this incorrect dose of insulin occurred from 4/1/26 through 7/7/26).</p> <p>Interview with Director of Nursing Services (DNS) on 7/8/26 at 10:05 AM indicated the facility failed to correctly review and reconcile admission orders for Resident #4 (upon readmission from the hospital). The DNS indicated the admission Registered Nurse (RN) supervisor (RN #6), was responsible for reconciling the admission orders. The DNS indicated when the provider completes an admission visit for the resident after admission they would review the orders for accuracy. The DNS stated she was not aware of the error for Resident #4 and was made aware of the medication error by the surveyor.</p> <p>Interview with the Medical Director on 7/9/26 at 9:50 AM indicated the facility failed to administer the correct dosage of insulin (not enough Insulin) for Resident #4 resulting in a significant medication error. The Medical Director indicated it was the responsibility of the admission nurse to ensure orders were followed and transcribed correctly. The Medical Director stated the incorrect dose of insulin given could have resulted in Resident #4 experiencing hyperglycemia.<br/>(continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Interview with the Regional Pharmacy Consultant on 7/9/26 at 10:13 AM indicated the facility failed to transcribe and administer the correct dose of insulin for Resident #4 resulting in a medication error. The Regional Pharmacy Consultant stated a medication error of not receiving the correct dose of insulin could have resulted in hypoglycemia or hyperglycemia, diabetic ketoacidosis (a serious and potentially life-threatening complication of diabetes), neuropathy, and blurred vision.</p> <p>Interview with APRN #2 on 7/9/26 indicated she had failed to review the orders transcribed by the facility upon Resident #4's readmission that resulted in a medication error. APRN #2 stated she had reviewed Resident #4's chart prior to surveyor interview and stated she had reviewed the hospital admission orders during her visit with Resident #4 on 4/3/26 but was not aware Resident #4's orders for Insulin Glargine 100 units/ml, give 40 units subcutaneously daily at bedtime had been transcribed incorrectly (as Insulin Glargine 100 units/ml, give 4 units subcutaneously daily at bedtime). APRN #2 indicated Resident #4 not receiving the correct dosage of insulin could result in hyperglycemia which was usually noted with blood sugar checks and dosing would be adjusted. APRN #2 was not aware Resident #4 did not have blood sugar checks as ordered from 4/2/26 through 4/11/26 and 4/16/26 through 5/6/26.</p> <p>Attempts to interview the admitting nurse (RN #6) were unsuccessful.</p> <p>3. Resident #45 was admitted to the facility in November 2025 and readmitted after a hospital stay in January 2026 with diagnosis that included Type 1 diabetes, chronic kidney failure and anemia.</p> <p>Physician orders dated 11/5/25 directed to administer Insulin Tresiba (once a day long-acting Insulin) flexTouch 100 units/milliliter (ml) give 18 units subcutaneously at bedtime, Insulin Lispro (rapid acting insulin) 100 units/ml give 10 units subcutaneously before meals (3 times a day) and Insulin Lispro 100 units/ml 3 times a day subcutaneously per sliding scale; if blood sugar (BS) is less than 70 milligrams (mg) per deciliter (dl) call the physician, if blood sugar is 150 mg/dl to 200 mg/dl give 2 units, if blood sugar is 201 mg/dl to 250 mg/dl give 4 units, if blood sugar is 251 mg/dl to 300 mg/dl give 6 units, if blood sugar is 301 mg/dl to 350 mg/dl give 8 units, if blood sugar is 351mg/dl to 400 mg/dl give 10 units, and if blood sugar is greater than 400 mg/dl call the physician.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #45 was cognitively intact, required moderate assistance with activities of daily living (ADLS) and received Insulin 7 days a week.</p> <p>The Resident Care Plan dated 11/22/25 identified diabetes as an area of focus with interventions that included checking A1c labs per orders, provide diabetic medications and/or Insulin as ordered, being aware of efficiency, adverse effects, evaluating response, monitoring during peak action time according to medication regime, providing finger sticks as ordered, monitoring for sign of hypo/hyperglycemic episodes, recording daily food intake, notifying the nurse and MD when intake was below 25% or less of a meal greater than 3 times per week, and documenting diet refusals.</p> <p>Nursing notes dated 1/2/26 at 6:00 PM indicated that Resident #45 was sent to the hospital for abnormal lab values indicative of severe anemia (low red blood cell count). Resident #45 was (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>075219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waterbury Center for Nursing & Rehabilitation LLC                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>177 Whitewood Road<br>Waterbury, CT 06708 |                                                 |
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| <p>F 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>admitted to the hospital with anemia and hyponatremia (low sodium), was discharged from the hospital on 1/5/26 and re-admitted to the facility.</p> <p>The hospital discharge summary included a medication list dated 1/5/26 which directed, in part, to administer *Insulin Tresiba U-200 200 unit/ml (3ml) concentrated injection pen, inject 36 units at bedtime, *Tresiba 100 unit/ml (3ml) give 32 units under the skin at bed time (you were taking this medication differently than prescribed), and Lispro 100 unit/ml injection pen give 6 units 3 times a day with meals. * (asterisk) This list has 2 medications that are the same as other medications prescribed for you. Read the directions carefully and ask your doctor or other care provider to review with you. The Omnipod 5 automated Insulin delivery system (Insulin pump). Omnipod 5 G6- G7 (G-compatible with Dexcom/continuous blood glucose monitoring) starter kit and Omnipod 5 G6- G7 Pods (each pod is a small, tubeless insulin pump that sticks to the skin, filled with rapid acting insulin) inject 1 EA (the prescribed rapid acting Insulin).</p> <p>re-admission physician orders dated 1/5/26 and received by Registered Nurse (RN) #10 directed to administer Tresiba (once a day long-acting Insulin) flexTouch 100 units/milliliter (ml) give 18 units subcutaneously at bedtime (a discrepancy from the hospital discharge orders that directed to administer Tresiba 32/36 insulin units at bedtime), Insulin Lispro (rapid acting insulin) 100 units/ml give 10 units subcutaneously before meals 3 times a day (a discrepancy from the hospital discharge orders which directed to administer 6 Units of Lispro 3 times a day before meals) and Insulin Lispro 100 units/ml 3 times a day subcutaneously per sliding scale; if blood sugar is less than 70 milligrams (mg) per deciliter (dl) call the physician, if blood sugar is 150 mg/dl to 200 mg/dl give 2 units, if blood sugar is 201 mg/dl to 250 mg/dl give 4 units, if blood sugar is 251 mg/dl to 300 mg/dl give 6 units, if blood sugar is 301 mg/dl to 350 mg/dl give 8 units, if blood sugar is 351mg/dl to 400 mg/dl give 10 units, and if blood sugar is greater than 400 mg/dl call the physician.</p> <p>Resident #45's hospital Discharge Summary medication lists were not implemented on re-admission. The new orders for Tresiba 32/ 36 units at bedtime, Lispro 6 units 3 times a day, and a new order for an Insulin pump were not transcribed on the facility physician re-admission orders dated 1/5/26 as indicated per hospital discharge paperwork.</p> <p>A nursing note written by Registered Nurse (RN) #10 and dated 1/5/26 at 9:00 PM indicated that Resident #45 was readmitted , orders were confirmed and the only medication change was Labetalol (for high blood pressure). RN #10 did not indicate in her nursing note that the readmission orders differed from the discharge summary provided from the hospital. RN #10 made no reference related to the Insulin order or an Insulin pump.</p> <p>A nursing note completed by Licensed Practical Nurse (LPN) #7 and dated 1/5/26 at 10:53 PM indicated that Resident #45 returned at 4:00 PM from hospital, BS 327 mg/dl sliding scale and scheduled Insulin given.</p> <p>A re-admission progress note dated 1/6/26 at 8:00AM by Advanced Practice Registered Nurse (APRN) #2 indicated that Resident #45 returned from the hospital after being sent out last week due to a Hemoglobin (red blood cells) of 6 grams (g) per deciliter (dl) (normal range is 13.5 to 17.5 g/dl for men and 12.0 to 15.0 g/dl for women), Resident #45 was asymptomatic at the time of transfer. At the (continued on next page)</p> |                                                                                        |                                                 |

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| F 0760<br><br>Level of Harm - Immediate<br>jeopardy to resident health or<br>safety<br><br>Residents Affected - Few<br><br>Note: The nursing home is<br>disputing this citation. | <p>hospital Hemoglobin was 7.7 g/dl and did not require a blood transfusion. Resident #45 was found to be hypovolemic (low amount of fluid circulating in the body) and received intravenous (IV) fluids and IV iron. Resident #45's Labetalol was increased. Insulin was listed as: take 1 Insulin pen subcutaneous (no dose listed) and Insulin Lispro 100 unit/ml insulin pen take 1 Insulin pen subcutaneous (no dose listed).</p> <p>APRN #2's progress note further identified Resident #45 had Type 1 Diabetes Mellitus with hyperglycemia and continued with poorly controlled diabetes with A1C (blood test that shows average blood sugar over past 2-3 months of 14.8% (normal is below 5.7%). Continuing sliding scale Insulin along with Tresiba 32 units at night for improved hyperglycemic control (Resident #45 did not have a physician order for 32 units of Tresiba at night). Resident was a Type 1 diabetic since [AGE] years of age and had managed own diabetes without endocrinology care. BS have been consistently elevated. Adjusting Insulin dosages to improve glycemic control.</p> <p>A review of Resident #45's BS from 1/6/26 through 1/15/26 noted Resident #45 required sliding scal</p> |                                                                                        |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of the clinical record, facility documentation, facility policy, and interviews for 1 of 3 sampled residents (Resident #3) reviewed for falls, the facility failed to ensure staff implemented the required accident prevention interventions, specifically a gait belt and 1 person assistance with ambulation, resulting in Resident #3 falling and sustaining a head injury requiring 2 staples to the back of the head. The findings include: Resident #3s diagnosis included dementia, abnormalities of gait and balance, and convulsions. The Resident Care Plan dated 11/22/25 identified that Resident #3 was at risk of falling with interventions that included to use assistance of 2 for early morning transfers, monitor/assist with toileting needs and keeping personal items within reach. The Quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 was severely cognitively impaired, required substantial/maximal assistance from staff with toileting, bathing, dressing, and partial/moderate assistance for transferring. Additionally, the MDS noted Resident #3 used a walker and no falls. The fall risk assessment dated [DATE] identified Resident #3 was at risk for falls. A physician order dated 3/1/26 directed to provide limited assist of 1 for room ambulation with use of rolling walker for Resident #3. The Resident Care Card dated 3/12/26 identified to use a gait belt when ambulatory. A facility-initiated investigation form dated 3/31/26 at 8:45 AM identified that Resident #3 fell on 3/31/26 while being transferred to bed with the assistance of 1 staff member and a walker. Nurse Aide (NA) #6 dropped the toiletries coming out of the bathroom with Resident #3, who had the walker in front of him/her and as NA #6 bent down to pick the items up. Resident #3 fell backwards hitting his/her head sustaining a laceration. The resident was sent to the emergency room for evaluation. An Advanced Practice Registered Nurse (APRN) progress note dated 3/31/26 at 10:45 AM identified Resident #3 fell, hit his /her head and had a 1/2 inch gash to the top of the head with a skin flap present and swelling was noted around the open area. Also, identifying the fall was unwitnessed and the resident was sent to the emergency room. A nursing note dated 3/31/26 at 11:04 AM identified that Resident #3 fell in the bathroom and was bleeding from his/her head. Resident #3 was complaining of pain to his/her head and sustained a 2-centimeter laceration to the back of the head with a small bump. A nursing note dated 3/31/26 at 6:30 PM identified Resident #3 was seen by the APRN, the resident had an abrasion on the head status post fall. APRN noticed a flap area, no bleeding, complaints of distress or pain noted. Resident #3 was sent to the emergency room for evaluation of head trauma. A facility-initiated Reportable Event form dated 4/1/26 (the event occurred on 3/31/26 per nursing notes) identified Resident #3 lost his/her balance, falling backwards while leaving the bathroom hitting his/her head, and sustaining a 2-centimeter laceration to the back of the head. Also, identifying the fall was witnessed by Nurse Aid (NA) #6 (a discrepancy with the APRN progress note dated 3/31/26 which identified the fall was unwitnessed). A hospital Discharge summary dated [DATE] identified Resident #3 required 2 staples to his/her head, needed more physical therapy and to return to the hospital for new or worsening symptoms. Interview on 7/7/26 at 8:51 AM with NA #6 identified on 3/31/26 she was assisting Resident #3 out of the bathroom with a walker when NA #6 dropped some toiletries, bent down to pick them up and when she did this Resident #3 fell backwards. Interview on 7/7/26 at 12:43 PM with the DNS identified Resident #3 required extensive assist with a rolling walker for transfers/ambulation. Also, identifying the NA should have had her hands on Resident #3 at all times and should not have bent down to pick up any dropped items off of the floor. Interview on 7/8/26 at 8:50 AM with NA #6 identified on 3/31/26 she (continued on next page)</p> |                                                                                        |                                                 |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is<br>disputing this citation. | did not use a gait belt when transferring and ambulating Resident #3 because she did not have one at the time of the fall. Also, identifying she should have used a gait belt. Interview on 7/9/26 at 4:39 PM with Licensed Practice Nurse (LPN) #14 identified she did not witness the fall but as per NA #6, the NA and Resident #3 were coming out of the bathroom, Resident #3 was using the walker and fell backwards but could not remember if the NA used a gait belt. Interview on 7/9/26 at 4:40 PM with the DNS identified on 3/31/26 if a gait belt had been used when NA #6 was transferring Resident #3, she could have guided Resident #3 to the floor and possibly prevented the injury to the resident's head. Also, identifying the NA should have left the dropped items on the floor and retrieved them after the transfer of Resident #3 was complete. Further identifying the facility policy was to use a gait belt with all residents and that NA #6 did not follow the facility policy. Review of the Gait Belt policy dated 1/1/25 directed, in part, to provide a safe method for assisting residents with transfers and walking. |                                                                                        |                                                 |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interviews, observation of dining, and facility policy the facility failed to ensure a dignified dining experience. The findings include: Observation on 6/30/26 at 12:18 PM noted on the [NAME] 1 unit all cold beverages were served in small plastic disposable cups, and 4 residents were served lunch on trays in the dining room without the benefit of the plates being removed from the lunch trays and served on the table. Observation on 6/30/26 at 12:40 PM of the residents eating in the TV lounge East 2 second floor noted the food was served on trays during lunch (without the benefit of the plates being removed from the lunch trays and served on the table), and every cold beverage was served in a small plastic disposable cup. Observations on 7/1/26 and 7/2/26 during lunch time in the East 2 unit TV lounge, beverages (cold drinks) were served in plastic disposable cups. Observation on 7/2/26 at 9:00 AM noted breakfast being served on both the first and second floor unit, all cold beverages were served in small plastic disposable cups. Observation on 7/7/26 at 9:05 AM noted 6 residents in the TV lounge on the second floor East 2 unit, eating breakfast and all were served on trays lunch (without the benefit of food plates being removed from the lunch trays and served on the table) and using plastic disposable drinking cups. Interview on 7/7/26 at 9:22 AM with Registered Nurse (RN) #4 identified residents have been served small plastic cups for cold beverages since Covid-19 in 2020 and the facility stopped using the big dining room and started using the TV lounge. Also identifying serving cold beverages in a small plastic cup was not homelike. Interview on 7/7/26 at 12:21 PM with the Director of Nursing Services (DNS) identified serving residents with small plastic cups for their cold beverage and serving on their trays was not homelike environment. She could not identify why the dining rooms were not being utilized, identifying the TV lounges were used for meals. Interview on 7/7/26 at 3:55 PM with the Administrator identified small disposable cups for cold beverages have been utilized at the facility since he started in January of 2026. The Administrator further noted that serving meals on trays was not homelike and was unsure of the reason the residents were served like that. Further, identifying the dining rooms have not been utilized since Covid-19 in 2020, but the dining rooms were available. Review of the Resident Dining policy dated 1/1/25 directed, in part, the facility will provide each resident with meals and dining services consistent with the resident's need, prescribed diet, food preference, cultural and religious practice, functional abilities and choices. Residents will be treated with dignity and provided appropriate assistance and adaptive equipment to promote the highest practicable level of independence. The purpose was to ensure all residents receive meals in a safe, dignified, person-centered, and homelike environment that supports nutritional needs, preferences, independence, and quality of life.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>075219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waterbury Center for Nursing & Rehabilitation LLC                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>177 Whitewood Road<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |                                                 |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of the clinical record, facility documentation, facility policy and interviews for the 1 of 3 residents reviewed for diabetes (Resident #1), the facility failed to notify the physician of a low blood sugar reading per the physician's order. The findings include: Resident #1's diagnoses included Type 2 Diabetes Mellitus, pneumonia and depression. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was severely cognitively impaired and was dependent with bed mobility, toileting, and transfers. The MDS indicated Resident #1 had diabetes mellitus and received insulin injections daily. The Resident Care Plan dated 1/2/26 identified Resident #1 was at risk for abnormal blood glucose levels related to diabetes. Interventions included to administer diabetic medications as ordered, monitoring for signs and symptoms of hypo and hyperglycemia and to perform blood glucose checks as ordered and report abnormal values to the physician. A physician order dated 1/6/26 directed blood sugars twice a day at 6:30 AM and 6:30 PM and notify the physician if blood sugar is less than 70 milligrams (mg) per deciliter (dl) or greater than 400 mg/dl. Review of the Medication Administration Record (MAR) for February 2026 identified on 2/15/26 at 6:30 AM, Resident #1 had a blood glucose reading of 65 mg/dl (hypoglycemia). The Special Instructions noted on the MAR indicated that the physician was to be notified of a blood glucose reading of less than 70 mg/dl or greater than 400 mg/dl. Interview and review of the clinical record with the DNS on 7/6/26 at 11:08 AM identified Resident #1 had a blood glucose reading of 65 mg/dl at 6:30 AM on 2/15/26. Review of the progress notes for Resident #1 failed to indicate the charge nurse had identified the low blood glucose reading or notified the nursing supervisor (RN #11) or physician about it. The DNS stated that per the physician's order, Resident #1's blood glucose reading of 65 mg/dl should have been reported to the physician for further intervention and it would have been the responsibility of the charge nurse or the nursing supervisor to notify the physician. Interview with LPN #9 on 7/8/26 at 1:03 PM identified she worked the 3:00 PM to 11:00 PM shift on 2/15/26 and was not told about Resident #1's low blood glucose reading that day from the t 6:30 AM blood glucose reading) in shift report. LPN #9 indicated she did not know what was done for the resident or if the physician had been notified by LPN #11. Interview with LPN #12 on 7/9/26 at 10:19 AM identified she worked the 7:00 AM to 3:00 PM shift on 2/15/26 and did not recall being told about Resident #1's low blood glucose reading that day (at 6:30 AM) in shift report. LPN #9 indicated she did not know what was done for the resident or if the physician had been notified by LPN #11. Further identified Resident #1 should have been given juice or a snack and the physician should have been notified and the blood glucose level should have been rechecked. Interview with LPN #11 on 7/9/26 at 11:03 AM identified she worked the 11:00 PM to 7:00 AM shift on 2/15/26 and obtained and documented Resident #1's blood glucose level of 65 mg/dl on the MAR for 6:30 AM. LPN #11 indicated she thought she might have told the nursing supervisor about it but did not recall who the nursing supervisor was. LPN #11 stated although she could not remember providing any interventions for Resident #1, she would usually give a resident something if they had a low blood glucose level. LPN #11 further indicated that she may have made a mistake and entered the wrong blood glucose level on the MAR, but she could not really remember. Interview with the Medical Director on 7/9/26 at 9:50 AM identified if Resident #1 had a blood glucose reading of 65 mg/dl on 2/15/26, the nurse should have notified the physician, and he was unsure why that was not done. The Medical Director indicated it was the nurse's responsibility to notify him, ensure interventions were provided for the resident and a nurse's note should have been written. (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>075219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waterbury Center for Nursing & Rehabilitation LLC                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>177 Whitewood Road<br>Waterbury, CT 06708 |                                                 |
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| F 0580<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Additionally, the Medical Director stated if he had been notified on 2/15/26 he would have instructed the nurse to make sure the resident was provided food/drink or administered glucose gel and Resident #1's blood glucose level should have been rechecked afterward. Interview with Advanced Practice Registered Nurse (APRN) #2 on 7/9/26 at 12:30 PM identified she was not notified by the nurse about Resident #1's blood glucose reading of 65 mg/dl on 2/15/26 at 6:30 AM and she should have been. APRN #2 stated had she been notified on 2/15/26 she would have instructed the nurse to make sure the resident was provided food/drink or administered the glucose gel and Resident #1's blood glucose level should have been rechecked afterward. Attempts to contact the RN supervisor (RN #11) were unsuccessful. Review of facility policy, Blood Glucose, dated 1/1/25, directed point of care blood glucose testing was to determine the amount of glucose (sugar) present in the blood and assist in the management of diabetes. When the test is complete the result will be displayed on the glucometer screen and the result should be noted and correctly documented in the resident's record in the electronic medical record (EMR). Review of facility policy, Compliance with and Implementation of Physician's Orders, dated 1/1/25, directed it is the policy of the facility to ensure that all physician orders are implemented accurately, timely and in accordance with applicable federal and state regulations. Services ordered by a licensed physician or authorized non-physician provider are to be provided as prescribed. Orders must be carried out as written unless contraindicated. In such cases, the physician must be notified, and documentation must reflect the clinical rationale.</p> |                                                                                        |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</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 review of the clinical record, facility policy and interviews for 1 of 3 residents (Resident #80) reviewed for falls, the facility failed to ensure timely assessment by the provider to prevent a delay in treatment for a resident with complaints of shoulder pain with decreased range of motion and subsequent x-ray which revealed a humeral fracture. The findings include: Resident #80 had diagnoses that included peripheral vascular disease, seizures, and a right below the knee amputation. The Significant Change Minimum Data Set (MDS) assessment dated [DATE] identified Resident #80 was cognitively intact, used a wheelchair, was independent with eating, upper/lower body dressing, bed mobility, and walking and required setup or clean-up assistance with chair/bed/toilet transfers. The MDS assessment dated failed to indicate Resident #80's wheelchair mobility level. The Resident Care Plan (RCP) dated 3/4/26 identified Resident #80 was non-compliant with use of a custom wheelchair. Interventions included to encourage Resident #80 to be compliant with the plan of care, discussion of risk factors with Resident #80 and family, and to obtain social work consultations as needed. A nursing note dated 3/14/26 at 9:00 AM identified Resident #80 was assessed for a fall. The note indicated Resident #80 was alert, with unlabored breathing, sitting upright against the closet door. The note indicated Resident #80 denied hitting their head, had no visible injuries, denied pain, and had positive range of motion to upper extremities, left lower extremity and right amputated leg. The note indicated Resident #80 stated he/she was getting clothes out of the closet and that he/she was encouraged to use the call bell for assistance. A nursing note written by Registered Nurse (RN) #6 on 3/18/26 at 4:00 PM identified Resident #80 was assessed following a fall. The note indicated Resident #80 was sitting upright on the floor in front of the closet. The note indicated Resident #80 stated he/she was taking things out of a bag to put in the closet and slipped. The note indicated Resident #80 denied hitting their head, had no visible injuries, and was able to move all extremities. A nursing note written by RN #6 on 3/18/26 at 5:50 PM identified Resident #80 was observed sitting on the bathroom floor facing the door and toilet. The note indicated Resident #80 initially stated he/she did not know what happened but then said that falling was his/her way of getting attention. The note indicated Resident #80 denied pain and had a skin tear to the left calf, and 2nd and 3rd toes. A nursing note written by Licensed Practical Nurse (LPN) #3 on 4/1/26 at 2:38 PM identified Resident #80 complained of pain to the right shoulder with decreased range of motion. The note indicated the RN and APRN were notified and she was waiting for new orders. An RN supervisor nursing note dated 4/1/26 at 9:40 PM identified APRN #2 was updated regarding Resident #80's complaint of right shoulder pain. The note indicated APRN #2 gave instructions to utilize the as needed (PRN) Tylenol order and that she would see Resident #80 in the morning. Review of the nursing progress notes failed to identify a nursing note or APRN progress note written between 4/1/26 at 9:40 PM and 4/6/26 at 2:02 PM. An APRN progress note written by APRN #2 dated 4/9/26 at 9:15 AM identified Resident #80 presented with multiple falls over the past week and now complained of pain to his/her right shoulder. The note indicated an x-ray to the right shoulder would be ordered. (The progress note failed to identify Resident #80 first complained of the pain to the right shoulder on 4/1/26). A nursing note written by LPN #3 on 4/9/26 at 2:44 PM identified Resident #80 complained of discomfort and decreased range of motion to the right shoulder, and an x-ray order was obtained. A note written by LPN #4 on 4/9/26 at 11:53 PM identified the x-ray to the right shoulder was completed and the results were pending. An APRN progress note written by APRN #2 dated 4/10/26 at 8:30 AM identified Resident #80 presented with severe right shoulder pain and (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>had multiple falls over the past few weeks. The note indicated the right shoulder x-ray revealed a fracture which involved the humeral head and neck with minimal displacement. The note indicated the fracture likely occurred during one of Resident #80's recent falls. Additionally, the note identified the x-ray radiology report indicated the fracture appeared old, however APRN #2 indicated Resident #80 had never had an x-ray showing a fracture previously. The note further identified Resident #80 was placed in a sling, with new orders for an orthopedic consultation for evaluation and management of the right humeral fracture, and application of a lidocaine 4% topical patch to the right shoulder daily as needed for pain. Interview with the Director of Nursing Services (DNS) on 7/9/26 at 11:30 AM identified APRN #2 was notified Resident #80 complained of right shoulder pain that was accompanied by decreased range of motion. She indicated she was unable to identify why there had been a delay in the APRN evaluating Resident #80's shoulder pain and decreased range of motion and further indicated there should not have been a delay and Resident #80 should have been seen by APRN #2 on 4/2/26 as she had instructed the nursing supervisor on 4/1/26 that she would. Interview with APRN #2 on 7/9/26 at PM identified she recalled seeing Resident #80 for decreased range of motion to the right shoulder but was unable to identify why there was a gap in time from the 4/1/26 notification to her and her initial assessment on 4/9/26. She indicated that she may have been away that week, or she may have seen Resident #80 and just failed to write a progress note. Review of the Change of Condition policy revised on 1/30/25 directed, in part, the facility must immediately notify the APRN or medical doctor when there is a significant change in the resident's mental, physical, or psychosocial condition including new onset of pain. The policy directed any resident with a change in condition will receive intervention which is timely and appropriate. The policy further directed the APRN will be notified in person or by phone which will be documented in a nursing note for continuity of care.</p> |                                                                                        |                                                 |