

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER Civita Care Center at Cheshire		STREET ADDRESS, CITY, STATE, ZIP CODE 745 Highland Avenue Cheshire, CT 06410	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50059</p> <p>Based on clinical record reviews, facility documentation, facility policies and interviews for one (1) of three (3) sampled residents (Resident #1) who required a mechanical lift for transfers in and out of the bed and chair, the facility failed to ensure the appropriate number of staff transferred the resident into bed in accordance with the resident care plan. The findings include:</p> <p>Resident #1's diagnoses included unspecified dementia without behavioral disturbances and anxiety.</p> <p>The annual Minimum Data Set assessment dated [DATE] identified Resident #1 had poor memory recall and was dependent on staff for personal care, transfers, and turning and repositioning.</p> <p>A physician's order dated 1/3/25 directed to use a Hoyer lift for all transfers.</p> <p>The Resident Care Plan dated 1/13/25 identified Resident #1 needed assistance with mobility and activities of daily living. Interventions directed to transfer via a mechanical lift with the assistance of two (2) and assist of two (2) for care.</p> <p>The nurse's note dated 1/16/25 at 8:08 PM identified new skin tears were noted on Resident #1's right hand that measured 3 x 2 centimeters (cm), a 1 x 2 cm to the right arm and a 1 x 2 cm to the left hand, the areas were cleaned with normal saline, no active bleeding was noted, and the Advanced Practice Registered Nurse (APRN) was notified.</p> <p>The nurse's note dated 1/16/25 at 10:00 PM identified a skin tear was noted to the back of the head that was 2 cm long, the area was cleansed, bacitracin ointment was applied and the APRN was notified.</p> <p>The nurse's note dated 1/17/25 at 5:47 AM identified a light discoloration noted in the medial aspect of the right thigh and no pain was noted.</p> <p>The nurse's note dated 1/22/25 at 3:31 PM identified Resident #1 reported pain during care. At 4:17 PM very faint fading bruising was noted to the left outer thigh and knee, fading yellow/green bruising to the left pubic region, the APRN was updated, and stat x-ray of the bilateral hips and femurs was ordered.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurse's note dated 1/22/25 at 9:02 PM identified Resident #1 had sustained an acute fracture of the left intertrochanteric hip, due to Resident #1's age, [AGE] years old, the family declined hospital transfer and to keep Resident #1 comfortable.</p> <p>Interview with the 7AM-3PM charge nurse, Licensed Practice Nurse (LPN) #1, on 2/6/25 at 10:51 AM identified residents are transferred via mechanical lift with the assist of two (2). LPN #1 stated she worked the day shift on 1/16/25 and Resident #1 had no new areas of skin breakdown of the upper extremities or bruising.</p> <p>Interview with the 7AM-3PM nurse aide, Nurse Aide (NA) #3, on 2/6/25 at 11:30 AM identified she cared for Resident #1 on 1/16/25 and there were no new skin tears or bruising noted.</p> <p>Interview with the Director of Nursing (DON) on 2/6/25 at 11:39 AM identified on 1/17/25 the 3-11PM charge nurse, Registered Nurse (RN) #1, reported Resident #1 had new skin tears to the upper extremities, a laceration to the back of the head and a bruised inner left thigh that were sustained on 1/16/25 during the 3-11PM shift. The DON identified during the investigation, the 3-11PM nurse aide, NA #6, reported on 1/16/25 at 6:32 PM she did not have assist from another staff member when transferring Resident #1 back to bed using the mechanical lift and denied any knowledge of how Resident #1 sustained the injuries. The DON stated at the conclusion of the investigation NA #6 was no longer employed at the facility.</p> <p>Review of the Lifting Machine, using a mechanical dated 7/2017 identified at least (2) nursing assistants are needed to safely move a resident with a mechanical lift.</p> <p>Although attempted, an interview with the evening charge nurse, RN #1, was unsuccessful.</p> <p>Although attempted, an interview with the evening nurse aide, NA #6, was unsuccessful.</p> <p>The facility identified the deficient practice and developed an immediate plan of correction:</p> <p>Resident #1 has been changed to a full body mesh lift pad from a split leg pad and is now an assist of two (2) with care.</p> <p>A house wide audit was conducted of all residents identified as a Hoyer lift transfer to ensure reflected transfer status was on the resident care card.</p> <p>The facility has completed in-servicing and competencies with all working clinical staff on the mechanical lift.</p> <p>A house wide audit conducted on all Reportable Events to review for proper classification for the past thirty days.</p> <p>Findings and trends will be reviewed at QAPI meetings monthly.</p> <p>Date of compliance 1/20/25.</p>		