

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 03/23/2026
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policy and interviews for one (1) of three (3) sampled residents (Resident #1) who were dependent on staff for personal hygiene, the facility failed to ensure Resident #1 was treated with dignity by a nurse aide when providing care. The findings include: Resident #1's diagnoses included schizophrenia, depression, anxiety, adult failure to thrive and muscle weakness. The Resident Care Plan dated 1/21/26 identified Resident #1 needed assistance with activities of daily living related to cognitive and physical deficits. Interventions directed to allow extra time to complete tasks, encourage the resident to make choices to the extent that is possible, praise the resident for efforts, and report changes in functional ability to the physician. Review of a complaint voiced by a family member, Person #1, that the facility received on 2/24/26 identified on 2/21/26 at approximately 10:30 AM Person #1 entered Resident #1's room to find Resident #1 completely undressed, fully exposed with nothing covering him/her while lying flat in the bed. The Significant Change in Condition Minimum Data Set assessment dated [DATE] identified Resident #1 had poor memory recall deficits, was always incontinent of bowel and bladder and dependent on staff for all activities of daily living that included bed mobility, transfers, bathing, dressing, personal hygiene, eating, and toileting hygiene. Interview with the 7AM-3PM nurse aide, Nurse Aide (NA) #1, who was assigned to Resident #1, on 3/23/26 at 1:29 PM identified on 2/21/26 while she was providing care to Resident #1 she needed to step out of the room to obtain some cream. NA #1 explained she pulled the curtain and closed the door to the room, but left Resident #1 on the bed without the benefit of anything covering Resident #1's body. Interview with the 7AM-3PM nursing supervisor, Registered Nurse (RN) #1, on 3/23/26 at 2:02 PM identified on 2/21/26, Resident #1's family (Person #1) member reported to her that she found Resident #1 exposed in the room. RN #1 indicated she inquired to NA #1 and found that NA #1 had left Resident #1 in the room to retrieve some cream and denied leaving Resident #1 on the bed without anything covering Resident #1. Interview with the Director of Nursing (DON) on 3/23/26 at 2:11 PM identified it was not reported to her that on 2/21/26, Resident #1 was found exposed in his/her bed by Person #1. The DON identified facility policy directed that all residents are to be treated with dignity and respect, and every staff member was responsible for ensuring this happened. The DON identified on 2/21/26, Resident #1 was not treated with dignity when he/she was left on the bed without the benefit of being covered, NA #1 made an error in judgement, and Resident #1 should not have been left in the bed exposed. Review of the facility policy titled Resident Rights, last reviewed 10/3/25, directed, in part, federal and state laws guarantee certain basic rights to all residents of the facility. The rights include the resident's right to a dignified existence and to be treated with respect, kindness, and dignity.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, observations, facility documentation, facility policy and interviews for one (1) of three (3) sampled residents (Resident #1) who were dependent on staff for personal hygiene, the facility failed to ensure Resident #1 was provided with incontinent care in accordance with the plan of care that directed incontinent care every two (2) hours, as needed, and five (5) times a day at specific times. The findings include: Resident #1's diagnoses included schizophrenia, depression, anxiety, adult failure to thrive and muscle weakness. The Resident Care Plan dated 1/21/26 identified Resident #1 needed assistance with activities of daily living related to cognitive and physical deficits, had urinary incontinence, and a pressure ulcer. Interventions directed to check the resident for incontinent episodes every two (2) hours and change as needed, assist with toileting, and resident specific toileting-upon rising, after meals, bedtime, and as needed five times a day at 8:00 AM, 10:30 AM, 2:00 PM, 6:30 PM, and 9:00 PM. Review of a complaint voiced by a family member, Person #1, that the facility received on 2/24/26 identified on 2/21/26 at approximately 10:30 AM Person #1 arrived to find Resident #1 saturated in urine and feces and reported this to the charge nurse, Licensed Practical Nurse (LPN) #1. The Significant Change in Condition Minimum Data Set assessment dated [DATE] identified Resident #1 had poor memory recall deficits, was always incontinent of bowel and bladder and dependent on all activities of daily living including bed mobility, transfers, bathing, dressing, personal hygiene, eating, and toileting hygiene. Interview with the 7AM-3PM nurse aide, Nurse Aide (NA) #1, on 3/24/26 at 1:29 PM identified she could not recall any specific information regarding the incident on 2/7/26. NA #1 did identify incontinent care should be provided every two (2) hours and as needed to any incontinent resident. Interview with the 7AM-3PM charge nurse, LPN #1, on 3/24/26 at 1:55 PM identified on 2/7/26, Person #1 reported to her that Resident #1 was soaked in urine. LPN #1 explained at that time she asked NA #1 when Resident #1 had been provided care last, and NA #1 reported she had been busy and had not provided incontinent care since first rounds at the beginning of the shift, 7:00 AM, almost five (5) hours prior. LPN #1 indicated facility policy directed to provide incontinent care to an incontinent resident at least every two (2) hours. Interview with the Director of Nursing (DON) on 3/23/26 at 2:11 PM identified she was not made aware of the concern reported to the charge nurse on 2/7/26 regarding Resident #1 not receiving incontinent care from 7:00 AM until 12:45 PM (almost five (5) hours). The DON explained incontinent care and/or monitoring for incontinent care should be done during first rounds, at the beginning of the shift, and then at least four (4) times per shift, including at the end of each shift. The DON identified it was the responsibility of the charge nurse to ensure the nurse aides are providing incontinent care per policy. Review of the facility policy titled Urinary Continence and Incontinence, dated 9/1/22, directed, in part, management of incontinence will follow relevant clinical guidelines. The policy further directed, in part, a check and change strategy involves checking the resident's continence status at regular intervals and using incontinence devices or garments with the primary goal to maintain dignity and comfort and to protect the skin.</p>		