STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Glen Health Care Center	162 South Britain Rd Southbury, CT 06488

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40172 Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of two (2) residents (Resident #1) reviewed for abuse, the facility failed to ensure the resident was treated in a respectful and dignified manner. The findings include: Resident #1 had diagnoses that included moisture associated skin damage (MASD), anxiety, dysthymic disorder, muscle weakness, difficulty walking, lymphedema, and type 2 diabetes mellitus. The Resident Evaluation dated 3/7/2025 at 7:35 P.M. by Licensed Practical Nurse (LPN) #4 indicated Resident #1 was admitted to the facility with a superficial 3 centimeter slit to the coccyx, sacral-coccyx, and buttocks with excoriation. A physician's order dated 3/7/2025 directed to apply triad cream to buttocks and coccyx every shift for excoriation. The 5-day [NAME] Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of fourteen (14) indicative of intact cognition, was always incontinent of bowel and bladder, required substantial assistance with toileting hygiene, moderate assistance with personal hygiene, bed mobility, and transfers. The Resident Care Plan dated 3/14/2025 identified Resident #1 had actual skin breakdown, MASD to the gluteal folds, and bogginess to the bilateral heels with interventions that directed to administer treatment per physician orders, encourage and assist as needed to turn and reposition; use assistive devices as needed, wound consult as needed, report evidence of infection such as purulent drainage, swelling, localized heat, increased pain and notify the physician as needed. A Situation Background Appearance Review and Notify (SBAR) assessment dated [DATE] at 12:00 P.M. completed by Registered Nurse (RN) #1 identified that Resident #1 had a change in condition that started on 3/14/2025. The assessment identified Resident #1 complained of possible abuse, that a nurse aide treated h/her badly and may have caused a painful abrasion on h/her right buttock. The assessment identified Resident #1 had blanchable redness with MASD present to the gluteal folds and buttocks, a pinpoint abrasion to h/her right buttock, and pain when h/her right buttock was touched. The assessment indicated the DNS, APRN #1, and Family Member #1 were notified. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2025
NAME OF PROVIDER OR SUPPLIER River Glen Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 162 South Britain Rd Southbury, CT 06488	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Reportable Event (RE) form dated 3/14/2025 at 1:32 P.M. identified, on 3/14/2025 at 12:00 P.M., Resident #1 reported that on 3/13/2025 at 12:00 P.M., during morning care, NA #1 was rough and forcefully pulled the blanket h/she was lying on out from under h/her. Resident #1 reported when h/she requested NA #1 be gentler during care, NA #1 stated suck it up. NA #1 was suspended pending the outcome of the investigation. MD #1 was notified and the police were called. The facility summary dated 3/21/2025 identified that the allegation of abuse was unsubstantiated. The corrective action plan was to provide re-education to NA #1 on customer service and delivery of care to a resident who may have a sensitive area on h/her body due to a medical condition. An interview with the nursing supervisor (RN #1) on 3/31/2025 at 10:56 A.M. identified, on 3/14/2025 at approximately 12:00 P.M., LPN #3 notified her, Resident #1 reported that NA #1 was rough and mistreated h/her while providing care on the previous day. RN #1 identified she interviewed Resident #1 who reported that on 3/13/2025 when NA #1 was moving h/her to h/her side, NA #1 ripped a draw sheet out from under h/her causing an abrasion on h/her backside, and when Resident #1 yelled out, NA #1 told h/her to stop being a baby. RN #1 indicated that upon assessment, she identified Resident #1 continued to have MASD to h/her buttocks and gluteal folds that were present upon admission, Resident #1 had a pinpoint abrasion on h/her right buttock with one spot of serosanguineous drainage on the inside of the brief, and no bruising or any other skin impairments were noted. RN #1 indicated Resident #1 denied any pain or discomfort. RN #1 indicated she notified the DNS who took over the investigation. An interview with NA #1 on 3/31/2025 at 11:12 A.M. identified on 3/13/2025 while Resident #1 was standing up, h/she was incontinent of bowel, and when she started providing incontinent care, Resident #1 stated that h/her backside was hurting. NA #1 indicated she could not see the area that Resident #1 said hurt so she transferred Resident #1 into bed. NA #1 indicated once Resident #1 was in bed, she placed her hand on Resident #1's hip to turn h/her and observed that Resident #1 had a red rash which was causing discomfort. NA #1 identified when Resident #1 initially complained of discomfort to h/her backside she told Resident #1 we need to work through it so I can clean you. NA #1 indicated Resident #1 had no further complaints of discomfort or pain. NA #1 indicated she did not think she was rough while providing incontinent care to Resident #1, but identified she understood why Resident #1 felt like care was rough due to the rash. An interview with Resident #1 on 3/31/2025 at 1:25 P.M. identified that a few weeks prior, when NA #1 went into h/her room, NA #1 was in a bad mood, and when NA #1 started to change h/her, NA #1 grabbed h/her right leg to turn h/her and then pulled the bedspread causing a mark on h/her backside. Resident #1 identified h/she felt that NA #1 was disrespectful, so the next day h/she reported what happened. Resident #1 could not recall exactly what was said to h/her by NA #1 since the encounter was weeks prior. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2025
NAME OF PROVIDER OR SUPPLIER: River Glen Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 162 South Britain Rd Southbury, CT 06488	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the DNS on 3/31/2025 at 2:00 P.M. identified, on 3/14/2025 at approximately 12:00 P.M., she was notified by RN #1, that Resident #1 reported h/she was treated roughly during care by NA #1. The DNS identified she interviewed Resident #1 and Resident #1 reported on 3/13/2025, while providing incontinent care, NA #1 was rough, ripped a draw sheet quickly from under h/her, used Resident #1's arm and leg to turn h/her, and when Resident #1 screamed, NA #1 said suck it up. The DNS indicated she assessed Resident #1 and did not observe any new skin impairments, bruises, or fingerprints. The DNS indicated Resident #1 denied any pain or discomfort and felt safe at the facility. The DNS indicated the allegation of staff to resident abuse was unsubstantiated. The DNS identified NA #1 did not treat Resident #1 in a respectful and dignified manor, therefore, was subsequently terminated. The DNS further identified that all staff are to treat residents with respect and dignity. Review of facility resident rights policy, dated February 2021, indicated employees shall treat all residents with kindness, respect, and dignity.