STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075243	A. Building B. Wing	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pierce Memorial Baptist Home, Inc.	44 Canterbury Road Brooklyn, CT 06234

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460 Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for accidents, the facility failed ensure timely notification to the provider when a resident had an identified change of condition. The findings include: Resident #1's diagnoses included dementia, aortic valve stenosis. The Annual Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicative of moderate cognitive impairment and required partial/moderate assistance ADLs. The Resident Care Plan (RCP) dated 3/3/2025 identified the resident had an ADL self-performance deficit related to arthritic pain. Interventions directed assist of one with ADL. Physician order dated 2/4/2025 directed Albuterol Sulfate Inhalation Aerosol Powder Breath Activated 108 (90) base two (2) puffs inhale orally every six (60 hours as needed for bronchodilator use as needed for shortness of breath or wheezing. Nursing note dated 3/20/2025 at 1:37 AM (written by LPN #1) identified Resident #1 had an audible wheeze, an as needed (prn) inhaler was administered with effect, temperature was 99.7, and lung sounds were bilateral faint crackles. Acetaminophen was administered, the head of the bed was raised, fluids were encouraged. Record review failed to identify the RN supervisor and the physician or APRN were notified of the change in condition identified per the nursing note dated 3/20/2025 at 1:37 AM. Interview, clinical record and facility documentation review on 3/25/2025 at 12:09 PM with LPN #1 identified she notified the 11 PM to 7 AM supervisor (RN #3) regarding Resident #1's status identified on 3/20/2025. LPN #1 further stated she wrote a fax note to update the provider that Resident #1 seemed congested and had wheezing to alert the provider in the morning of resident's status. Interview, clinical record and facility documentation review on 3/25/2025 at 1:22 PM with RN #3/supervisor identified although LPN #1 had notified her that Resident #1 had respiratory issues, crackles (lung sounds), afebrile (no temperature), and she was on the unit about 3 AM, RN #3 stated she did not notify the physician or APRN. RN #3 stated she passed the information along in morning report at 7 AM to the on-coming supervisor. RN #3 stated she should have notified the on-call provider (physician or APRN). Interview failed to identity why RN #3 did not notify the on-call provider. (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: 075243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER: Pierce Memorial Baptist Home, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE: 44 Canterbury Road Brooklyn, CT 06234	

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview, clinical record and facility documentation review on 3/25/2025 at 1:56 PM with APRN #1 identified that she was not aware or notified of Resident #1's change of condition on the 11 PM to 7 AM shift on 3/20/2025. Further, APRN #1 stated review of the on-call records failed to identify the on-call services was notified. APRN #1 stated a change in condition such as a low-grade temperature and adventitious lungs sounds (abnormal sounds) should be called to the on-call service provider instead of a fax note for review when the provider next visited the facility. APRN #1 stated if she was notified, she would probably have ordered labs and a chest x-ray. Interview, clinical record and facility documentation review on 3/25/2025 at 2:24 PM with the DNS identified when LPN #1 identified a change in condition and she notified RN #3, the provider (physician/APRN) should have been called to notify of the change in condition. Review of the facility Change in Condition Policy directed in part, when a resident has a change in condition the physician/NP (Nurse Practitioners) will be notified of the change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025

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Pierce Memorial Baptist Home, Inc.	44 Canterbury Road Brooklyn, CT 06234

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460 Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for accidents, the facility failed to ensure an RN assessment was completed timely when a resident had an identified change of condition. The findings include: Resident #1's diagnoses included dementia, aortic valve stenosis. The Annual Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 had a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicative of moderate cognitive impairment and required partial/moderate assistance ADLs. The Resident Care Plan (RCP) dated 3/3/2025 identified the resident had an ADL self-performance deficit related to arthritic pain. Interventions directed assist of one with ADL. Physician order dated 2/4/2025 directed Albuterol Sulfate Inhalation Aerosol Powder Breath Activated 108 (90) base two (2) puffs inhale orally every six (60 hours as needed for bronchodilator use as needed for shortness of breath or wheezing. Nursing note dated 3/20/2025 at 1:37 AM (written by LPN #1) identified Resident #1 had an audible wheeze, an as needed (prn) inhaler was administered with effect, temperature was 99.7, and lung sounds were bilateral faint crackles. Acetaminophen was administered, the head of the bed was raised, fluids were encouraged. Review of the 24-hour facility written supervisor's report identified on 3/20/2025 during the 11 PM to 7 AM shift, Resident #1 had increased congestion, temperature 99.7, and crackles in the bilateral bases. Record review failed to identify the RN supervisor was notified of the change in condition, and failed to identify an RN assessment was completed during the 11 PM to 7 AM shift on 3/20/2025. Nursing note dated 3/20/2025 at 10:23 PM identified earlier in the shift, staff had observed Resident #1 had toileted him/herself around 4:45 PM, and was noted to have some shortness of breath with exertion, and course lung sounds in the bilateral lower lobes. Further the note identified Resident #1 had a fall with transfer to the hospital at 7:05 PM for evaluation. Interview, clinical record and facility documentation review on 3/25/2025 at 12:09 PM with LPN #1 identified she notified the 11 PM to 7 AM supervisor (RN #3) regarding Resident #1's change in condition identified on 3/20/2025. LPN #1 further stated although she listened to Resident #1's lung sounds, an RN assessment was needed to be completed due to the change in condition. LPN #1 stated an RN assessment was not completed by the supervisor during her shift. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview, clinical record and facility documentation review on 3/25/2025 at 1:22 PM with RN #3/supervisor identified although LPN #1 had notified her that Resident #1 had respiratory issues, crackles (lung sounds), afebrile (no temperature), and she was on the unit about 3 AM, RN #3 stated she did not complete an RN assessment and she did not go to see Resident #1. RN #3 stated she passed the information along in morning report at 7 AM to the on-coming supervisor. RN #3 stated she should have completed an assessment. RN #3 stated she trusted LPN #1's judgement and she was aware LPNs can not perform resident assessments. Interview failed to identify why RN #3 did not complete an assessment. Interview, clinical record and facility documentation review on 3/25/2025 at 2:24 PM with the DNS identified when LPN #1 identified a change in condition and she notified RN #3, RN #3 should have gone to see the resident and completed an assessment. Review of the facility Change in Condition Policy directed in part, when a resident has a change in condition, a RN will perform and document appropriate assessments.