

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 05/05/2025
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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</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 #2) who was reviewed for an allegation of physical abuse by a staff member and had a known history of making accusatory statements against staff, the facility failed to ensure two (2) staff members were present during care in accordance with the resident care plan. The findings include:</p> <p>Resident #2 's diagnoses included transient ischemic attacks, mood disorder, and a psychotic disorder with delusions.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #2 was alert and oriented, had difficulty focusing attention, disorganized thinking, delusions and hallucinations, and required moderate staff assistance for toileting, bathing, dressing, ambulation, and maximum assistance for transfers.</p> <p>The Resident Care Plan dated 6/3/24 identified Resident #2 had a self-care deficit.</p> <p>Interventions directed assistance from two (2) staff members for all care due to the resident's history of accusatory behaviors.</p> <p>The nurse aide care card identified assistance of two (2) staff at all times with care.</p> <p>The nurse's note dated 7/20/24 at 2:33 PM identified Resident #2 was in no distress from reported incident, nurse aide was removed from providing care, the physician, family, and Director of Nursing (DON) were informed of incident, and statements from the resident and staff were obtained.</p> <p>The Facility Reported Incident form dated 7/20/24 at 3:27 PM identified Resident #2 reported to the 7AM-3PM charge nurse, Licensed Practical Nurse (LPN) #1, that the 7AM-3PM nurse aide, Nurse Aide (NA) #2, was bossy and rough and stated she shoved me down onto the toilet causing me to almost fall. LPN #1 reported the allegation to the 7AM-3PM supervisor, Registered Nurse (RN) #1. RN #1 conducted a skin assessment, and no findings were documented. She also removed NA #2 from care and notified the Director of Nursing and physician.</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
---	-------	-----------

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 05/05/2025
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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The social service note dated 7/22/24 identified Social Worker (SW) #1 spoke with Resident #2 following the alleged incident and Resident #2 reported that NA #2 had to have things her way or the highway and that NA #2 rubbed Resident #2 the wrong way. Resident #2 was not in any distress during the conversation.</p> <p>In an interview with the 7AM-3PM nurse aide, (NA) #1, on 5/5/25 at 2:30 PM, NA #1 identified that on 7/20/24 she was assisting NA #2 with the care of several residents. NA #1 explained after they provided care to one (1) resident, they were proceeding down the hall to provide care to Resident #2 when she had to respond to a call bell for another resident. NA #2 indicated she was delayed in that room, once finished with care, she proceeded to Resident #2's room and witnessed NA #1 in the process of assisting Resident #2 into the chair. NA #1 identified NA #2 had already provided morning hygiene and care had been provided bedside according to NA #1. NA #1 indicated while she was making Resident #2's bed the resident said something like, I am glad you are here, she (NA #2) has been rough with me all morning. NA #1 identified she was not in the room when NA #2 provided Resident #2 with care.</p> <p>Interview with the Director of Nursing (DON) on 5/5/25 at 2:50 PM identified the facility was not able to substantiate an allegation of abuse, however the facility identified poor customer service and the failure for NA #2 to follow the policy when NA #2 provided care to Resident #2 alone which was in direct contradiction to the resident's care plan which required two (2) staff members to be present for care due to the resident's history of accusatory behaviors.</p> <p>Review of the facility policy Comprehensive Care Plan identified, in part, staff responsible for carrying out interventions specified in the care plan would be notified of their roles and responsibilities for carrying out the interventions, initially and when changes were made.</p> <p>Although attempted, an interview with RN #1, LPN #1, and NA #2 were unsuccessful.</p>