STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075253	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Harrington Court	59 Harrington CT Colchester, CT 06415

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49021 Based on clinical record reviews, review of facility policy, and interviews for one (1) of four (4) sampled residents (Resident #4) who were reviewed for a resident-to-resident physical altercation, the facility failed to ensure Resident #4 was free from physical abuse when Resident #4 was hit on the head. The findings include: Resident #4's diagnoses included multiple sclerosis, schizoaffective disorder, and major depressive disorder. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #4 was alert and oriented and required extensive assistance from staff with most activities of daily living. Resident #3's diagnoses included respiratory failure with hypoxia, schizoaffective disorder, adjustment disorder, and dementia. The Nursing Re-Admission assessment dated [DATE] identified Resident #3 required assistance of facility staff for most activities of daily living and had severe cognitive impairment at baseline. The Resident Care Plan dated 10/23/24identified Resident #3 has an incident with verbal aggression. Interventions directed separation and room change and to give supportive care. The psychiatric evaluation and consultation note dated 10/29/24 identified Resident #3 had an altercation with his/her roommate on 10/23/24. The Change in Condition Evaluation dated 11/4/24 at 4:55 PM identified at 3:30 PM, an alert and oriented resident (Resident #5) witnessed Resident #4 say to Resident #3 to get out of my room and then Resident #3 walked over to Resident #4 and punched the left side of Resident #4's head. The Facility Reported Incident form dated 11/4/24 identified Resident #4 was struck on the left side of the head with a closed hand by his/her roommate Resident #3. The report identified Resident #3 was placed on one (1) to one (1) supervision and transferred to another room without a roommate. The investigation identified Resident #3 went to Resident #4's side of the room, located by the window, was told by Resident #4 to get out of my room, Resident #3 then walked over and hit Resident #4 on the left side of the head twice using a closed fist. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident #4 on 12/3/24 at 1:20 PM identified Resident #3 went over to him/her and gave him/her two (2) right hooks to the head, using a closed fist. Resident #4 indicated he/she was unsure why Resident #3 did it and did not remember doing anything to Resident #3. Resident#4 identified he/she was not physically injured following the incident and felt fine emotionally. Interview with Resident #5 on 12/3/24 at 1:40 PM identified he/she had just come out of his/her room and saw Resident #3 smack Resident #4 three (3) times in the face with force. Resident #5 identified Resident #3's side of the room was by the door and Resident #4's side of the room was located by the window. Interview and review of the facility reported incident with the Director of Nursing (DON) on 12/3/24 at 2: 00 PM identified Resident #5, who was alert and orientated, witnessed Resident #3 wander over to Resident #4's side of the room, heard Resident #4 tell Resident #3 to get out of my room and Resident #3 then struck Resident #4 with a closed fist twice to the left side of the head. The DON indicated Resident #3 hit Resident #4 as a reaction to being yelled at. The DON identified Resident #3 had a history of behaviors, including use of verbal and physical aggression in the past. Review of facility Abuse, Neglect and Misappropriation policy dated 05/2021 directed each resident had the right to be free from abuse and residents must not be subject to abuse by anyone, including other residents.