

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Riverside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 745 Main St East Hartford, CT 06108	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, review of facility documentation, facility policies, and interviews for one (1) of four (4) sampled residents (Resident #2) who was a readmission to the facility after a hospital stay, the facility failed to ensure the physician's orders from the hospital discharge summary were accurately transcribed into the resident's Medication Administration Record. The findings include:</p> <p>Resident #2's diagnoses included Parkinson's Disease, vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, major depressive disorder and multisystem degeneration of the autonomic nervous system.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #2 had a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen (15) indicating Resident #2 had some memory recall deficits.</p> <p>The Resident Care Plan dated 1/13/25 identified Resident #2 required the use of psychotropic medication, antipsychotics and selective serotonin reuptake inhibitors (SSRI-a medication used to treat depression) related to the diagnoses of psychotic disorder, depression and anxiety.</p> <p>Interventions directed to administer medications as ordered by the physician, monitor for side effects and effectiveness, and monitor/document/report any adverse reactions to the antidepressant or psychotropic medications (fatigue).</p> <p>The Hospital Discharge summary dated [DATE] identified an order that Resident #2 needed to continue taking Quetiapine (a medication to treat major depressive disorder) 37.5 milligrams (mg) by mouth every night.</p> <p>A re-admission physician's order dated 2/18/25 directed to administer Quetiapine 25 mg oral tablet, give one and one-half tablets for a total of 37.5 mg one (1) time a day at 9:00 AM.</p> <p>Review of the February 2025 Medication Administration Record (MAR) identified the Quetiapine 25 mg was administered at 9:00 AM on 2/19/25 and 2/20/25.</p> <p>The Medication Error Investigation Tool dated 2/21/25 identified the hospital discharge summary recommended the Quetiapine be administered at night and during the input (transcription) into the Electronic Medical Record (EMR) the order was transcribed to be given in the morning.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 075257
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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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The hospital Emergency Department discharge instructions dated 2/21/25 identified Resident #2 was seen on 2/20/25 for an evaluation of somnolence that was likely due to the polypharmacy of Tramadol and Seroquel (Quetiapine). The recommendation was the Seroquel not be given during the day and to use Dilaudid or Tylenol instead of the Tramadol.</p> <p>The Nurse Practitioner's progress note dated 2/21/25 at 11:30 AM identified Resident #2 was seen today in follow-up as the resident was sent to the Emergency Department last night per the attending physician for increased lethargy.</p> <p>A physician's order dated 2/21/25 directed to administer the Quetiapine at bedtime.</p> <p>Interview with the 7AM-3PM Nursing Supervisor, Registered Nurse (RN) #4, on 3/11/25 at 11:28 AM identified she was the nurse responsible for transcribing Resident #2's medication orders from the hospital discharge paperwork (W-10). RN #4 identified although the W-10 directed to give the Quetiapine once a day at night, she transcribed the time as once a day and opted for the medication to be given at 9:00 AM and she did not double check the W-10 to ensure that was the correct time. RN #4 identified facility policy directed to double check the original order prior to transcribing the readmission orders.</p> <p>Interview with the Assistant Director of Nursing (ADON) on 3/11/25 at 1:08 PM identified when a resident returns to the facility after a hospital stay, the facility policy and procedure was the nurse needs to review the medication list from the hospital and review those medications with the Nurse Practitioner. The ADON identified when Resident #2 returned to the facility on 2/18/25, the hospital discharge orders read to give the Quetiapine at night and RN #4 transcribed the order to be given in the morning in error.</p> <p>Review of the facility policy titled Medication Pass Policy, last revised 9/23/24, directed, in part, the clinician must remember the six (6) rights of medication administration, including the right resident, right drug, right dose, right dosage form, right route and right time.</p>		