STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075258	A. Building B. Wing	12/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Douglas Manor	103 North Road Windham, CT 06280

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #2) reviewed for abuse, the facility failed to ensure staff removed smoking paraphernalia in a resident's possession timely when a resident was found in possession of smoking paraphernalia including lighters. The findings include: Record review identified Resident #2 was admitted to the facility during 11/2023 and responsible for him/herself. Resident #2's diagnoses included anxiety, depression and nicotine dependence. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident # 2 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen, indicative of no cognitive impairment, was supervision for ambulation, and independent with manual wheelchair use. The Resident Care Plan (RCP) dated 11/8/2024 identified Resident #2 was a recent smoker and declined use of a nicotine patch. Interventions directed facility smoking policy, smoking assessment as needed, and all smoking materials kept by nurse in secured cart. A nursing note dated 11/22/2024 at 10:22 PM by RN supervisor identified the resident was seen making his/her way towards the front door of the facility, a nurse's aide (NA) followed and found the resident outside smoking. Resident #2 put the cigarette out when he/she saw the NA and returned inside the building. The resident's LPN was informed of situation. Record review failed to identify that staff took possession of the cigarette and lighter device. A nurse's note dated 11/23/2024 at 5:47 PM identified Resident #2's family found two (2) lighters in the resident's room and the supervisor was notified. Interview, and record review with SW #1 on 12/2/2024 at 12:49 PM identified the facility was a non-smoking facility. Resident #2 had a history of going outside of the facility to smoke to look for cigarette butts, and of bringing smoking paraphernalia into the non-smoking facility. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075258	A. Building B. Wing	12/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Douglas Manor	103 North Road Windham, CT 06280

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview and clinical record review with RN #1 on 12/2/2024 at 2:01 PM identified on 11/22/2024 she was the supervisor when Resident #2 was followed by nurse aide (NA) #5 who observed the resident outside the building smoking, she further indicated that she was not notified until later in the shift and she did not confiscate smoking paraphernalia from the resident. Interview failed to identify why she did not confiscate, or request the resident to give her the smoking paraphernalia. Interview with LPN #1 on 12/2/2024 at 2:31 PM identified she was the charge nurse on 11/22/2024 during the 3 to 11 PM shift and RN #1 supervisor notified her on 11/22/2024 that Resident #2 was found outside smoking by a NA. LPN #1 stated she was not directed to search for any smoking paraphilia. On 12/2/2024 at 2:43 PM interview with NA #5 identified that on 11/22/2024 she followed Resident #2 when she noticed he/she was headed outdoor. NA #5 stated she observed Resident #2 self-propelling out the door in his/her wheelchair, and she followed him/her outside. She observed Resident #2 light a cigarette as he/she was rolling in the wheelchair, and that the resident put it out when she approached him/her. Interview failed to identify what Resident #2 used to light the cigarette, or if he/she had any additional cigarettes. NA #5 stated she did not take away the smoking items and the resident returned inside the building, and she then notified the RN supervisor. Interview failed to identify why she did not request Resident #2 to give her the smoking paraphernalia. Interview, clinical record review, facility documentation review with DNS and Administrator on 12/2/2024 at 3:13 PM identified the facility was a smoke-free facility, and the State Agency was not notified when Resident #2 was found in possession of smoking paraphernalia, including two (2) lighters. Interview identified Resident #2 was observed smoking independently outside on 11/22/2024, and the resident's family found two lighters in the resident's room on 11/23/2024. The DNS stated she was not aware, and the staff should have conducted a room search when the resident was observed smoking on 11/22/2024. Interview identified staff should have confiscated the smoking paraphernalia on 11/22/2024 when they observed Resident #2 smoking. Review of facility documentation identified, as of 9/2023, the Facility was a smoke-free facility.