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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>075258 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                             | (X3) DATE SURVEY COMPLETED<br><br>04/07/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Douglas Manor |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>103 North Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50059</p> <p>Based on clinical record reviews, facility documentation, facility policy, and interviews for one (1) of three (3) sampled residents (Resident #2) who were reviewed for an allegation of potential physical abuse, the facility failed to report the allegation to the Administrator and/or his/her designee immediately and to the state agency within two (2) hours after the resident reported the allegation to another staff member. The findings include:</p> <p>Resident #2's diagnoses included traumatic brain injury and left-side hemiplegia (weakness or paralysis).</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #2 had a Basic Interview for Mental Status (BIMS) score of 13 out of 15 indicating some memory recall deficits and required maximum assistance of two (2) staff for mobility and activities of daily living.</p> <p>The nurse aide care card identified Resident #2 as at risk for falls and required two (2) staff members for care and transfers with the Sara lift.</p> <p>The nurse's note dated 2/13/25 at 11:06 AM identified Resident #2 had a new skin issue. The note indicated Resident #2 had small circular bruises to the right inner upper arm, the bruising was noted to be closer to the arm pit than the elbow, there were no open areas, and it was reported as dull pain.</p> <p>The Facility Reported Incident form dated 2/13/25 identified Resident #2 reported to the Director of Nursing (DON) that on the previous evening, 2/12/25, a nurse aide pulled him/her by his/her arm while assisting him/her out of bed into the wheelchair. The report indicated Resident #2 showed the DON a small bruise on his/her arm.</p> <p>Interview with the Director of Nursing (DON) on 4/7/25 at 10:03 AM identified Resident #2 indicated on 2/12/25 he/she had reported to two (2) Nursing Supervisors, Registered Nurse (RN) #1, and RN #2 that a nurse aide, Nurse Aide (NA) #1, had grabbed his/her arm leaving a bruise while pivoting him/her out of bed into the wheelchair. The DON stated she could not identify exactly why the allegation had not been reported to her and investigated on 2/12/25, she has re-educated staff on the importance of removing a staff member for an allegation of abuse, notifying the Administrator or the DON, and filing a report.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Interview with RN #1 on 4/7/25 at 11:00 AM identified Resident #2 had shown her and RN #2 a reddened area to his/her upper arm stating NA #1 had grabbed him/her by the arm while transferring to the wheelchair. RN #1 stated she was giving shift report to RN #2 and thought RN #2 was going to follow through and take care of the incident. RN #1 stated she did not speak with NA #1 or remove her from the schedule. RN #1 stated she should have communicated better with RN #2 to address the allegation.</p> <p>Interview with RN #2 on 4/7/25 at 11:22 AM identified Resident #2 had shown her and RN #1 a reddened area to his/her upper arm and stated he/she had been grabbed by NA #1 during a transfer. RN #2 stated RN #1 said she was going to contact the DON and talk to NA #1, because she was getting ready to do an admission. RN #2 stated NA #1 had not been removed from the schedule at that time but left early and Resident #2 was taken off her assignment. RN #2 stated she should have confirmed with RN #1 who was going to initiate an investigation, call the DON, and file a report with the state agency.</p> <p>Review of the Reporting Abuse to Management revised 2/20, the Administrator/Designee and Director of Nursing Services/Designee must be promptly notified of suspected abuse or incidents of abuse, after hours the Administrator/Designee and Director of Nursing Services/Designee will be called at home or paged. When an alleged abuse is reported the following persons or agencies will be notified: State DPH within 2 hours, the Resident Representative, the Attending Physician, Local Law Enforcement.</p> |  |  |

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50059</p> <p>Based on clinical record reviews, facility documentation, facility policy, and interviews for one (1) of three (3) sampled residents (Resident #2) who were reviewed for an allegation of potential abuse, the facility failed to ensure the resident was transferred utilizing a mechanical device (Sara lift) and two (2) person assistance. The findings include:</p> <p>Resident #2's diagnoses included traumatic brain injury and left-side hemiplegia (weakness or paralysis).</p> <p>The Resident Care Plan revised on 11/12/24 identified Resident #2 was at risk for decreased mobility and falls. Interventions directed two (2) staff to provide care, and transfer with a mechanical device (Sara lift) and two (2) person assistance.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #2 had a Basic Interview for Mental Status (BIMS) score of 13 out of 15 indicating some memory recall deficits and required maximum assistance of two (2) staff for mobility and activities of daily living.</p> <p>The nurse aide care card identified Resident #2 as at risk for falls and required two (2) staff members for care and transfers with the Sara lift.</p> <p>The nurse's note dated 2/13/25 at 11:06 AM identified Resident #2 had a new skin issue. The note indicated Resident #2 had small circular bruises to the right inner upper arm, the bruising was noted to be closer to the arm pit than the elbow, there were no open areas, and it was reported as dull pain.</p> <p>The Facility Reported Incident form dated 2/13/25 identified Resident #2 reported to the Director of Nursing (DON) that on the previous evening, 2/12/25, a nurse aide pulled him/her by his/her arm while assisting him/her out of bed into the wheelchair. The report indicated Resident #2 showed the DON a small bruise on his/her arm.</p> <p>Interview with the Director of Nursing (DON) on 4/7/25 at 10:30 AM identified Resident #2 on 2/13/25 showed her a bruise to his/her upper arm and stated a nurse aide, Nurse Aide (NA) #1, grabbed his/her arm and pivoted him/her in the wheelchair without using the Sara lift or another staff member on 2/12/25. The DON stated Resident #2 was care planned for two (2) staff members for care and use of the Sara lift when transferred, which was reflected on the nurse aide care card. The DON stated she suspended NA #1 pending the investigation and re-educated staff on adhering to the facility policy and resident plan of care.</p> <p>Interview on 4/7/25 at 10:50 AM Resident #2 stated NA #1 was angry with him/her and grabbed his/her arm transferring him/her to the wheelchair without a second staff member or the Sara lift leaving a bruise. Resident #2 stated there are always two (2) staff members to transfer him/her using the Sara lift in and out of bed, he/she was not pivoted into the wheelchair.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Interview with NA #1 on 4/7/25 at 12:15 PM identified although she was aware Resident #2 required two (2) staff to provide care and transfer using the Sara lift, she frequently transferred Resident #2 without the assistance of a second staff member because it was easier for her.</p> <p>Interview with the Director of Rehabilitation on 4/7/25 at 2:00 PM identified she had evaluated Resident #2 for strength and mobility and the recommendation was made to always have two (2) staff to assist Resident #2 with mobility and transfer with the Sara lift for the safety of the resident and staff.</p> <p>Review of the Abuse policy dated 10/20 identified that willful abuse or mistreatment of any kind toward a resident is strictly prohibited, willful means the individual must have acted deliberately, not the individual must have intended to inflict injury or harm.</p> |  |  |