

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Grimes Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1354 Chapel St New Haven, CT 06511	

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 review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for the plan of care , the facility failed to ensure a comprehensive care plan with appropriate interventions was implemented for a resident at risk for bruising. The findings include:</p> <p>Resident #1 had diagnoses that included Waldenstrom macroglobulinemia, myeloproliferative disease (blood disorders) , lymphoplasmacytic lymphoma (a type of cancer), anemia, amyloidosis, post-traumatic stress disorder, delirium, and depressive disorder.</p> <p>Review of the nursing admission assessment dated [DATE] completed by RN #6 identified Resident #1 had a fading bruise to the left side of forehead, bruising to both arms, and dark purple discoloration to the peri area extending to the inner buttocks.</p> <p>The care plan dated 10/19/24 identified Resident #1 at risk for impaired skin integrity related to decreased mobility and incontinence. Interventions directed preventative treatments per MD orders, weekly skin audit, and monitor for skin changes and report as needed.</p> <p>Review of MD #5's note dated 10/22/24 identified Resident #1 is noted with small non-palpable purpura in the crease between h/her inner thigh line and extensive ecchymosis to the coccyx and buttocks. MD #5 indicated the purpura, and ecchymosis is of unknown etiology questioning if related to Resident #1's diagnosis of amyloidosis and possible trauma related to a wick used in the hospital. MD #5 indicated he was also questioning if Zanubrutinib (Brukinsa) (antineoplastic medication used to treat certain cancers) is contributing to above.</p> <p>Review of MD #2's note dated 10/23/24 at 12:09 P.M. identified Resident #1's had acute kidney injury and anemia had suspected volume depletion but now worsening questioning possibly from Zanubrutinib. MD #2 indicated she spoke with MD #6 (oncologist) who recommends holding Zanubrutinib for now. MD #2 indicated she there is a question if Zanubrutinib (Brukinsa) is the cause of Resident #1's perianal ecchymosis noted yesterday.</p> <p>The admission MDS dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) of ten (10) indicative of moderately impaired cognition, was frequently incontinent of bowel and bladder, was dependent with transfers, and required substantial assistance with ADLs and bed mobility. In addition, Resident #1 is taking an antiplatelet medication.</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
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NAME OF PROVIDER OR SUPPLIER Grimes Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1354 Chapel St New Haven, CT 06511	
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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>The physician's order dated 11/11/24 directed to administer Brukinsa (antineoplastic medication used to treat certain cancers) 160 milligrams twice per day.</p> <p>Review of APRN #1's note dated 11/21/24 at 1:01 P.M. identified Resident #1 was seen for an evaluation of h/her left hip bruise. APRN #1 identified Resident #1's left thigh hyperemia appears to be superficial rupture of the capillaries and of note Resident #1's Brukinsa was recently resumed which may also increase the risk for bruising.</p> <p>Interview with APRN #1 on 12/5/24 at 11:35 A.M. identified on 11/20/24 Resident #1 had used the commode over the toilet and from Resident #1's left thigh resting against the frame of the commode Resident #1 developed a large bruise. APRN #1 identified Resident #1 was at risk for increased bruising related to h/her diagnoses and the side effects related the medication Brukinsa that include bruising.</p> <p>Interview with the DNS on 12/5/24 at 2:00 P.M. identified Resident #1 was at increased risk for bruising due to multiple diagnoses that cause bruising and the side effects related to the use Brukinsa medication. The DNS identified there should have been a comprehensive care plan in place for Resident #1 that identified the resident was at increased risk of bruising with appropriate interventions. The DNS indicated it is her expectations when a resident is identified at risk a care plan is developed, and interventions are implemented.</p> <p>Review of facility care plan policy dated 1/3/2024 identified a comprehensive care plan based on identified needs, strengths and preferences of the resident will be developed no later than 7 days after completion of the admission MDS. The care plan will include a statement of the problem; reasonable and measurable goals; interventions to achieve these goals and discipline responsible for carrying out the interventions.</p>		

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<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 review, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for abuse, the facility failed to ensure the charge nurse was notified when it was identified that the resident had purple discoloration to the groin and upper inner thighs. The findings include:</p> <p>Resident #1 had diagnoses that included Waldenstrom macroglobulinemia (a blood disorder), myeloproliferative disease (a blood disease), lymphoplasmacytic lymphoma (a type of cancer), amyloidosis, (a systemic disease) post-traumatic stress disorder, delirium, and depressive disorder.</p> <p>The admission MDS dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) of ten (10) indicative of moderately impaired cognition, was frequently incontinent of bowel and bladder, was dependent with transfers, and required substantial assistance with ADLs and bed mobility.</p> <p>The physician's order dated 11/11/24 directed to administer Brukinsa (antineoplastic medication used to treat certain cancers) 160 milligrams twice per day.</p> <p>The care plan dated 11/20/24 identified Resident #1 has a large bruise to the left outer thigh with interventions that direct to monitor skin for changes and report as needed.</p> <p>Interview and clinical record review with the DNS on 12/5/24 at 2:00 P.M. that the resident was sent to the hospital for abnormal bloodwork, while at the hospital there was bruising noted to the vaginal area and the hospital had called to report the finding to the facility, and she started an investigation. The investigation identified that NA #1 noted on 11/28/24 that she observed purple discoloration to Resident #1's groin and upper inner thighs, however, NA #1 did not report the change in condition to the charge nurse. The DNS identified NA #1 should have reported Resident #1's change in condition to the charge nurse on 11/28/24. The DNS indicated it is her expectation that when a resident has any change in condition the nurse aide reports it immediately to the charge nurse. The DNS identified on 12/2/24 she initiated staff education to ensure nurse aides report changes in condition to the nurses immediately.</p> <p>An interview with NA #1 on 12/5/24 at 10:20 A.M. identified while providing care to Resident #1 on 11/28/24 during the 7:00 A.M. to 3:00 P.M. shift NA #1 noted Resident #1's groin and upper inner thighs had purple discoloration. NA #1 identified although on 11/24/24 when she last cared for Resident #1, she did not observe any purple discoloration to Resident #1's groin and upper inner thighs NA #1 did not report the change in condition to the nurse on 11/28/24. NA #1 indicated she thought the nurse already knew.</p> <p>Review of the facility's Inservice education dated 12/2/24 identified staff were provided with education that was titled: When staff notice bruising or open areas on residents' the nurse aides need to report it to the nurses right away.</p> <p>Review of facility change in condition policy dated 1/3/2024 identified; in part, all significant changes in resident's condition will be reported to the physician and family.</p>		