

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2025
NAME OF PROVIDER OR SUPPLIER  Civita Care Center at Newington		STREET ADDRESS, CITY, STATE, ZIP CODE  240 Church St Newington, CT 06111	

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 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> Based on record review, facility documentation, and staff interviews for one of three residents (Resident #2) reviewed for accidents, the facility failed to ensure staff reported an allegation of abuse in a timely manner. The findings include:</p> <p>Resident #2 had a diagnosis of non-pressure chronic ulcers to the left and right calf. The quarterly MDS dated [DATE] identified Resident #2 had a BIMS of 15 indicating intact cognition, and had behaviors of rejecting care, and was independent for ADLs and transfers. The Resident Care Plan (RCP) identified chronic venous ulcers to lower extremities, accusatory behavior towards staff, and manipulation behaviors. Interventions directed to have two (2) staff members present when approaching the resident, observe skin for signs of infection, and treatments as ordered.</p> <p>Nursing note dated 3/19/2025 at 11:02 AM identified Resident #2 alleged RN #2 punctured his/her leg with scissors while doing a dressing change. The wound had minimal bleeding noted, no slough, redness, or warmth present.</p> <p>Review of the Connecticut Department of Public Health Facility Licensing and Investigation Section events report tracking system identified a reportable event for Resident #2. The Report identified on 3/21/2025 at 11 AM, Resident #2 reported that he/she was upset because the wound physician stated there was no puncture wound, and Resident #2 alleged a puncture wound was caused by the nurse during a dressing change on 3/19/2025. The Report further indicated Resident #2 had a history of accusatory behaviors.</p> <p>Record review failed to identify RN #2 reported the allegation that Resident #2 made to her on 3/19/2025 when she performed the wound care.</p> <p>Interview with RN #2 on 4/7/2025 at 12:29 PM identified she notified the DNS and Administrator of the accusation on 3/19/2025 after Resident #2 made the allegation that she punctured the resident's leg when removing the dressing on 3/19/2025.</p> <p>Interview with the DNS on 4/7/2025 at 1:13 PM identified RN #2 reported to her on 3/21/2025 that Resident #2 accused her of puncturing his/her leg during a dressing change on 3/19/2025. The DNS stated RN #2 did not report the allegation on 3/19/2025 because there was no injury noted. Further, the DNS stated RN #2 should have reported the allegation on 3/19/2025 when the resident made the allegation.</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: 075286
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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>Review of facility undated Abuse and Investigation and Reporting Policy directed all alleged violations involving abuse will be reported to the facility administrator or his/her designee immediately.</p>		