STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075295	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meriden Health and Rehab	360 Broad Street, Ste 1 Meriden, CT 06450

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** 50059 Based on clinical record reviews, facility documentation, facility policy and interviews for one (1) of three (3) sampled residents (Resident #1) who wandered throughout the unit, the facility failed to ensure the resident who resided on the memory care unit was not able to exit the unit through the locked door. The findings include: Resident #1's diagnoses included dementia, phobic anxiety, and mood disorder. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 rarely or never made decisions regarding tasks of daily life, had difficulty focusing attention, and ambulated independently. The Resident Care Plan initiated on 8/26/24 identified Resident #1 was a wanderer, an elopement risk and wandered aimlessly. Interventions directed to identify patterns of wandering, redirect as needed, and provide structured activities. The nurse's note dated 2/3/25 at 2:05 PM identified the charge nurse was made aware by the assigned nurse aide that Resident #1 was exit seeking, redirection was successful and then shortly afterwards the nurse aide reported Resident #1 was walking down the sidewalk. The note indicated many attempts at redirection and de-escalation were made before Resident #1 returned back into the facility. The note identified Resident #1 refused the placement of a wanderguard bracelet, became increasingly agitated and was transferred to the hospital for an evaluation. A physician's order dated 2/3/25 directed placement of a wander guard and check placement daily. The Facility Reported Incident report dated 2/3/25 identified at 1:30 PM Resident #1 exited the building from the memory care unit through the double doors, was walking down the sidewalk, and able to get to the parking lot. The summary report dated 2/7/25 identified Resident #1 had observed the door code, memorized it, and used the code to exit the building. (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: 075295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Meriden Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 360 Broad Street, Ste 1 Meriden, CT 06450	

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(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 with the Administrator on 2/19/25 at 9:50 AM identified Resident #1 had been observed by staff at the lock pad pushing buttons and was able to unlock the exterior doors and exit the building. The staff had been unable to stop him/her from exiting, as the door had relocked and had to be unlocked again. The Administrator stated he had no idea how Resident #1 had gotten the code, the code is changed monthly or more often if needed and the new code is verbally conveyed to staff. Interview with the 7AM-3PM charge nurse, Licensed Practical Nurse (LPN) #1, on 2/19/25 at 10:25 AM identified the nurse aide observed Resident #1 at the wander guard door lock pad, Resident #1 pushed open the interior and exterior doors, and exited the facility before they were able to reach Resident #1. Interview with the 7AM-3PM nurse aide, Nurse Aide (NA) #2, on 2/19/25 at 10:50 AM identified she had been sitting at the nurse's station and although she observed Resident #1 pushing the buttons on the wander guard door lock panel, she did not redirected Resident #1 away from the doors. NA #2 stated Resident #1 had unlocked the door with the code and by the time she was able to reach the doors they had relocked, and Resident #1 exited the building. Interview with the Staff Development Nurse, RN #1, on 2/19/25 at 11:25 AM identified she was made aware Resident #1 exited the facility through the locked door after putting in the code. RN #1 stated although she did not know how Resident #1 obtained the code to unlock the door, when Resident #1 was observed pushing the buttons on the lock panel, Resident #1 should have immediately been redirected away from the door. Review of the Elopement Prevention Policy dated 4/24 identified: Resident will be assessed upon admission, quarterly, annually and as needed for wandering behavior and the potential for elopement. Residents identified as wanderers and or elopement potential, then further assessment will be done in conjunction with the care plan team, protective devices, i.e. bed/chair alarm, roam alert bracelet, diversional activities, psychiatric consult and sleep review pattern.