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	05/27/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **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 #1) reviewed for elopement, the facility failed to ensure a wander/elopement assessment was completed every quarter in accordance with facility policy. The findings include: Resident #1's diagnoses included diabetes, alcoholic cirrhosis and alcoholic chronic pancreatitis. Review of record identified Resident #1 was admitted to the facility during 12/2026, and had a court appointed Conservator of Person (COP). Review of facility Elopement Risk Evaluation dated 12/4/2026 indicated Resident #1 had poor decision-making skills, had the ability to exit the facility, and had a history of substance abuse. The evaluation identified Resident #1 was not at risk of elopement. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen, indicative of no cognitive impairment and independent with ADLs and ambulation. The Resident Care Plan (RCP) dated 3/12/2026 identified self-care deficit. Interventions directed assist as needed, allow resident to do what can for self and assist with remaining, and ambulated independently. A physician order dated 4/6/2026 directed may go on leave of absence (LOA) with responsible party with medications. Nursing note dated 4/8/2026 at 7:56 AM identified while in the hallway he/she noted cigarette smell in hallway, entered Resident #1's room and observed Resident #1 lying in bed with a strong smoke odor in the room. Resident #1 denied smoking and was provided with education that the facility was a smoke free facility and smoking was not allowed on premises. The Supervisor, Social Worker (SW) and Administrator were updated. Nursing note dated 4/8/2026 at 9:44 AM indicated staff had noted an odor of smoke in his/her room. Resident #1 denied smoking in the room and indicated he/she had smoked outside. Resident #1 was reminded that the facility was smoke free and consented to a room search by the DNS, Supervisor, and SW with no smoking items found. A Nicotine patch was offered and refused by Resident #1, and he/she was provided with education/cessation, reviewed the smoking policy and re-signed, and a smoke detector was placed in the room. Nursing note dated 4/21/2025 at 16:16 (4:16 PM) identified staff reported Resident #1 left the building and staff observed him/her walking down the sidewalk and Resident #1 returned to the facility immediately. Resident 31 was placed on one-to-one (1:1) observation and COP was notified. Resident #1 stated he/she wanted to take a walk, but returned to the facility right away. Education provided requires staff accompaniment for outside walks. Review of facility reportable event dated 4/21/2026 indicated at 1:15 PM Resident #1 was noted by a staff member to be off the premises walking on the sidewalk, and he/she notified the facility. Resident #1 returned to facility with staff within minutes and no injuries were identified. Resident #1 was alert and oriented, ambulates independently. The MD/APRN was notified, and Resident #1 was placed on one-to-one (1:1) observation for 72 hours. Additional information identified Resident #1 was approximately 1/4 mile away from the facility when observed by staff and was out of the building for approximately ten (10) minutes. Further record review failed to identify a wander/elopement risk assessment had been completed since 12/4/2025; a quarterly assessment was not completed when due on 3/4/2025, in accordance with facility policy. Nursing note dated 4/21/2026 at 1:13 PM indicated a staff member reported Resident #1 was walking outside (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the building in the parking lot, and when Resident #1 was returned to the building, he/she stated he/she just went for a little walk. Resident #1 remained alert and oriented to person, place, and time. Interview on 5/27/2026 at 12:46 PM with Administrator indicated on 4/21/2026 one of the facility receptionists saw resident walking down the street from the facility while she was driving. Interview and statement review on 5/27/2026 at 11:20 AM with NA #1 identified although he was not assigned to Resident #1, he left the facility to look for Resident #1 on 4/21/2026 and observed Resident #1 dressed in regular street clothes and shoes at a small corner grocery store, and was smoking a cigarette. NA #1 stated he walked Resident #1 back to the facility. On 5/27/2026 at 2:10 PM interview and record review with DNS identified Resident #1 should have been reassessed for elopement risk when he/she identified smoking cravings. Further, the DNS stated the wander/elopement risk assessment should have been done quarterly as per the facility Elopement Prevention Policy. Review of facility Elopement Prevention Policy directed in part, the resident will be assessed upon admission, quarterly, annually, and as needed for wandering behavior and for potential elopement.