STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075299	A. Building B. Wing	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chelsea Place Care Center LLC	25 Lorraine St Hartford, CT 06105

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policies and interviews for one (1) of three (3) sampled residents (Resident #1) who had chronic pain and required a controlled medication for relief, the facility failed to reorder the resident's pain medication to ensure the medication was available to be administered or administer an alternative medication in the absence. The findings include: Resident #1's diagnoses included stage four (4) pressure ulcer to coccyx and a surgical wound to the abdomen. A physician's order dated 2/20/25 directed Oxycodone HCL oral solution 5 milligrams (mg)/5 milliliters (ml) take 10 ml every four (4) hours as needed for abdominal pain, Tylenol 20.312 ml by mouth every six (6) hours as needed for pain, and pain monitoring every shift. The admission Resident Care Plan dated 2/21/25 identified that Resident #1 was at risk for impaired circulation. Interventions directed to administer pain medications per physician orders, follow non-medicated interventions as ordered, encourage and maintain bedrest with legs elevated, and evaluate pain level. The admission Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place, time, and situation, was independent with care, and experienced pain frequently, a level six (6) on the pian scale from zero (0) to ten (10). Review of the March 2025 Treatment Administration Record identified Resident #1's pain was assessed every shift and ranged from zero (0) to eight (8) from 3/9/25 through 3/11/25. The pain levels on 3/10/25 were documented as six (6) on the 7AM-3PM shift, eight (8) on the 3-11PM shift, and eight (8) on the 11PM-7AM. Review of the March 2025 Medication Administration Record (MAR) identified Resident #1 had pain and received Oxycodone on 3/9/25 at 3:08 AM and at 1:21 PM, the MAR identified the next dose of Oxycodone was not administered until 3/11/25 at 5:07 AM. The MAR failed to reflect documentation Resident #1 received any other medication for pain from 3/9/25 at 8:00 PM through 3/11/25 at 5:07 AM. The Control Substance Disposition Record identified the last dose of Oxycodone liquid from the bottle dispensed on 3/1/25 was on 3/9/25 at 1:21 PM. The Control Substance Disposition Record dated 3/10/25 identified a new bottle was received by the facility on 3/11/25 and the first dose was dispensed on 3/11/25 at 5:07 AM. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075299	A. Building B. Wing	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chelsea Place Care Center LLC	25 Lorraine St Hartford, CT 06105

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility emergency backup medicine Disposition Record was reviewed from 3/9/25 through 3/11/25 and identified one (1) dose of Oxycodone 10 mg as dispensed for Resident #1 on 3/9/25 at 8:00 PM. Although the MAR and nurse's notes identified Resident #1 was given Oxycodone on 3/10/25 at 7:47 AM, neither set of Control Substance Disposition Records, (facility e-box or the resident's) reflected the Oxycodone had been administered. Interview with Resident #1 at on 3/14/25 at 12:40 PM identified the facility ran out of his/her pain medication on 3/9/25 and 3/10/25 and he/she was in a lot of pain. Interview with the 3-11PM charge nurse, Licensed Practical Nurse (LPN) #4, on 3/17/25 at 12:25 PM identified the facility run out of Resident #1's prescribed liquid Oxycodone and she asked the Nursing Supervisor to obtain Oxycodone from the emergency box so she could administer the medication. LPN #4 indicated she recalled crushing the pill and mixing it in liquid to administer to Resident #1. Interview with the Director of Nursing (DON) on 3/14/25 at 10:30 AM and 3/17/25 at 1:40 PM identified Resident #1 had made a complaint to her that he/she had not gotten his/her pain medication for three (3) days. The DON identified the expectation for as needed medications to be reordered when there were only seven (7) doses remaining. The DON identified it was against policy to document a med as administered when it was not given, and the facility should ensure residents' had medication available. The facility policy Medication Administration and Documentation identified the nurse is to notify the nursing supervisor if a medication is not available and the facility is to document all medications unavailable for medication administration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075299	A. Building B. Wing	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chelsea Place Care Center LLC	25 Lorraine St Hartford, CT 06105

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 0804 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, observations, facility documentation, facility policies and interviews for one (1) of three (3) sampled residents (Resident #1) who had a diagnosis of severe protein malnutrition, the facility failed to provide meals that were palatable, attractive, and at an appetizing temperature for all residents. The findings include: Resident #1's diagnoses included severe protein malnutrition, stage four (4) pressure ulcer to the coccyx and a surgical wound to the abdomen. A physician's order dated 2/20/25 directed a regular diet with ensure plus high protein one (1) bottle three (3) times per day. The admission Resident Care Plan dated 2/21/25 identified Resident #1 had a nutritional problem. Interventions directed to serve supplements and diet as ordered, dietary to evaluate and make dietary changes as needed, and weights as ordered. The admission Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place, time, and situation, was independent with eating, and was five (5) feet five (5) inches and weighed ninety-one (91) pounds. The dietary mealtime delivery schedule identified meals were delivered between the following times on all units: breakfast from 7:35 AM to 8:55 AM, lunch from 11:50 AM to 1:05 PM, and dinner from 5:35 PM to 6:30 PM. Review of Resident Council Meeting Minutes from 9/10/24 through 2/11/25 identified Food Committee meetings took place and the Administrator and Director of Food Service did not attend the meetings. The concerns brought forth at the meetings included residents receiving food they did not like, condiments not being served with meals, the quality of food had decreased, the food lacked presentation, and the residents thought the food came from a can. The comments were addressed by the Administrator and the Administrator would conduct audits on quality and presentation. The 1/23/25 Food Committee meeting voiced concerns regarding wrong orders were sent, smaller portions than usual, and no bread available on three (3) dates. A Resident Grievance Report dated 2/11/25 identified the food service was not following the menu offering and selection regarding the menu choice or description because there was no bread for the grinder. The grievance was addressed with the facility cook and the roll for the grinder was sent to the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075299	A. Building B. Wing	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chelsea Place Care Center LLC	25 Lorraine St Hartford, CT 06105

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 0804 Level of Harm - Potential for minimal harm Residents Affected - Many	Observations conducted on 3/14/25 at 1:35 PM identified the meal consisting of fish with gravy, rice, mixed vegetables, canned pears, coffee, and milk. The food was served directly from the kitchen and was warm. A taste test of the meal identified the meal lacked seasoning, one was unable to initially identify the fish until breaking it up with a fork, the fish was presented as a loose, and formed pile of light brown sauce. The rice had a gummy texture, and the mixed vegetables were soggy, waterlogged and lacked flavor. The appearance of the overall meal was not appealing. Observations of the nourishment cart identified a variety of sandwiches, all on white bread and wrapped in cellophane and dated. Small amounts of filling were noted in each sandwich and nothing other than the filling were noted in the sandwiches. Interview with Resident #1 on 3/14/25 at 12:40 PM identified dinner at the facility had been served as late as 7:30 PM at least six (6) times since he/she was admitted to the facility. Resident #1 identified the hot foods were often served cold, the portion sizes were small, and he/she was often unable to identify the meat that was being served. Interview with the Resident Council President, Resident #2, on 3/14/25 at 1:00 PM identified the main, consistent and unresolved concern resident council members expressed during the meetings were related to dietary service. The complaints residents voiced included food that was not appealing to look at, lacked flavor, at times the food was cold, and served as late as 8:00 PM on a weekly basis. Resident #2 described the 3/14/25 breakfast served as toast and some other item that he/she could not identify and did not even try to eat. Resident #2 identified the facility had a nourishment cart which consisted of a variety of sandwiches and crackers. Resident #2 described the peanut butter and jelly sandwiches as being spread so thin the facility appeared to be on strike. Resident #2 identified they attempted to have a food committee but were unsuccessful on having a consistent meeting because either the Administrator or Director of Food Service were not available to attend the meetings. Interview with the Director of Food Service on 3/14/25 at 2:11 PM identified the dietary concerns she was made aware of included food choices and food temperatures, and she rectified those concerns by sending out menus weekly requesting residents make their meal selections and identify food preferences and utilizing different holding units to keep food warmer longer. The Director of Food Service identified the latest meals were served at night was 6:30 PM and she attended the Food Committee monthly. (The meeting minutes were not made available after multiple requests). Interview with the Administrator on 3/17/25 at 10:15 AM identified she stopped attending monthly Food Committee meetings around December 2024 because issues with dietary had improved. Although requested dietary audits and Food Committed meeting minutes were not provided. (requested minutes on 3/14/25 and upon arrival to facility on 3/17/25) Documentation identified that neither the Director of Nursing or the Administrator was present at each Resident Council meeting.