

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Chelsea Place Care Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation, facility policies and interviews for two of three sampled residents (Resident #1 and Resident #2) reviewed for an allegation of staff-to-resident sexual abuse, the facility failed to ensure Resident #1 and Resident #2 were protected from sexual abuse by a staff member. The findings include: 1. Resident #1's diagnoses included anxiety, depression, chronic substance abuse, and post-traumatic stress disorder. The admission Minimum Data Set assessment dated [DATE] identified Resident #1 was cognitively intact (Brief Interview for Mental Status score of 15), made reasonable and consistent decisions regarding tasks of daily living, did not exhibit any behaviors, was independent with care, and required touch supervision with bed mobility and ambulation. The Resident Care Plan (RCP) dated 9/30/25 identified Resident #1 had a self-care deficit and was at risk of falls. Interventions directed staff assistance with daily care as needed, physical and occupational therapy as ordered, call bell within reach, and use of non-skid socks. The Nurse's note dated 11/19/25 at 12:37 PM identified on 11/18/25, Resident #1 reported to Registered Nurse (RN) #1 (the 3 PM to 11 PM shift supervisor) that a male housekeeper (Housekeeper #1) entered Resident #1's room before breakfast on 11/18/25. Resident #1 was half asleep and while placing the bedspread on Resident #1, Housekeeper #1 began touching Resident #1 inappropriately. The police and Advanced Practice Registered Nurse (APRN) were notified. The APRN note dated 11/19/25 at 1:48 PM identified the APRN was asked to see Resident #1 due to an alleged incident with a staff member. Resident #1 reported feeling upset about the alleged incident but reported feeling safe. Resident #1 was advised to continue with psychotherapy along with medications to manage mood related to chronic substance abuse. 2. Resident #2's diagnoses included anxiety, bipolar disorder, chronic substance abuse, and post-traumatic stress disorder. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #2 was cognitively intact (Brief Interview for Mental Status score of 15), made reasonable and consistent decisions regarding tasks of daily living, did not exhibit any behaviors, required touch assistance with daily care, moderate assistance with bed mobility and was independent with ambulation. The Resident Care Plan (RCP) dated 10/8/25 identified Resident #2 had a self-care deficit and was at risk for falls. Interventions directed staff assistance with daily care as needed, physical and occupational therapy as ordered, call bell within reach, and use of non-skid socks. The Nurse's note dated 11/19/25 at 12:15 PM identified Resident #2 reported to the Director of Nursing (DON) that approximately one (1) week earlier, Housekeeper #1 kissed Resident #2 on the cheek. At the time Resident #2 did not tell anyone. The police and APRN were notified. The APRN note dated 11/20/25 at 11:28 AM identified he/she was asked to see Resident #2 due to an alleged incident with a staff member. Resident #2 identified a few days earlier, a male staff member approached Resident #2 in an inappropriate way and attempted to kiss Resident #2 which Resident #2 did not allow. Resident #2 did not want to report the incident but after hearing the same thing happened to another resident, came forward. Interview with Social Worker (SW) #1 on 11/21/25 at 11:49 AM identified she was familiar with Resident #1 and Resident #2. She identified Resident #1 and Resident #2 were cognitively intact, able to make their needs known and neither had a history of making false accusations or fabricating information. SW #1 indicated she believed both residents were truthful in their allegations. Review of the written statement and interview with Resident #1 on 11/21/25 at 12:30 PM identified on 11/18/25 before breakfast, Housekeeper #1 was cleaning his/her room and picked a blanket up off the floor. When Housekeeper #1 placed the blanket over Resident #1, Housekeeper #1 touched Resident #1's whole body outside of the blanket. Housekeeper #1 said, let me see your eyes, I bet they are beautiful and started to kiss Resident #1. Resident #1 identified he/she froze and was scared and that he/she was just waking up. Housekeeper #1 then put his hands under the blanket, under Resident #1's shirt, touched his/her upper body, and then put his hands in Resident #1's pants and inserted his fingers inside Resident #1. Resident #1 identified Housekeeper #1 was grabbing his genitals with his other hand and further identified Housekeeper #1 kept looking at the door. Resident #1 did not have a roommate at the time. Resident #1 reported feeling violated, scared, and further identified not fighting back due to a history of PTSD and abuse. Resident #1 proceeded to tell his/her friend (Resident #2) what occurred. Resident #1 voiced knowing the importance of reporting what occurred despite having an emotionally difficult time retelling the allegation. Resident #1's affect was flat during the investigation. Review of a written statement and interview with Resident #2 on 11/21/25 at 12:40 PM identified approximately one week earlier, Housekeeper #1 entered</p>		