STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075312	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wadsworth Glen Health Care and Rehabilitation Cent	30 Boston Rd Middletown, CT 06457

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** 47460 Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for admission, the facility failed to ensure a comprehensive skin assessment was completed timely upon admission. The findings include: Resident #1's diagnoses included dementia and frontotemporal neurocognitive disorder. The RN admission assessment dated [DATE] identified that Resident #1 was alert, oriented to person, cooperative, aphasic (unable to communicate), unable to express ideas, incontinent of bowel and bladder and was dependent with ADL care. The Resident Care Plan (RCP) dated 12/28/2024 identified Resident #1 had the potential for pressure ulcer development related to immobility. Interventions directed follow facility policies/protocols for the prevention/treatment of skin breakdown. Review of RN admission nursing note dated 12/28/2024 at 12:47 PM indicated Resident #1 arrived to 11:10 AM for respite stay, resident alert, was nonverbal and had contractures to upper and lower extremities. Review of the Norton Plus assessment score on admitted d 12/28/2024 indicated Resident #1 was at very high risk of developing pressure ulcers. Record review identified an admission assessment was completed by RN #1. Additional review identified RN #1 assessment included a Norton Plus skin risk with a score of 9 (high risk for alteration in skin). Additional review identified a skin assessment was not included in the admission assessment. Review of Pressure Injury Evaluation dated 12/30/2024 (2 days after admission), completed by LPN #1 (wound nurse), identified that Resident #1 had three (3) non-facility acquired pressure injuries staged as Deep Tissue Injuries (DTI's) to the proximal left lateral foot 1.0 x 1.0 centimeter (cm), left lateral mid foot 3.0 x 2.5 cm, and distal left lateral foot 4.0 x 3.0 cm. The evaluation identified the date of origin was on 12/28/2024. Nursing note dated 1/1/2025 identified notified by LPN that resident had a pressure ulcer DTI, and new orders were obtained to offload the area and keep foam dressing in place for support. Record review failed to identify a skin assessment was completed upon admission on 12/28/2024 (2 days prior to the DTI note). Additional review failed to identify an RN Assessment was completed for the newly identified alteration in skin integrity on 12/30/2024. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075312	A. Building B. Wing	01/28/2025

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview, review of clinical record and facility documentation with LPN #1 (wound nurse) 1/28/2025 at 12:34 PM identified that she evaluated Resident #1's skin on 12/30/2024 after reviewing the facility new admissions list. LPN #1 stated on 12/30/2024 Resident #1 had three (3) left lateral foot pressure ulcers that were present on admission. On 1/28/2025 at 1:49 PM interview, review of clinical record and facility documentation with the DNS identified that the facility prevention and management of pressure injuries policy directs on admission a comprehensive assessment of a resident will be completed which includes a head-to-toe skin assessment, and upon Resident #1's admission the nurse should have completed and documented the skin assessment. Interview failed to identify why an admission skin assessment was not completed, and why an RN assessment was not completed on 12/30/2024 when the DTI areas were identified. Review of facility Prevention and Management of Pressure Injuries Policy directed in part, residents with pressure injuries are identified, assessed and provided appropriate treatment, ongoing monitoring and evaluation are provided to ensure optimal resident outcomes. On admission/readmission, a comprehensive assessment of the resident will be completed which will include the following: a head-to-toe skin assessment.