STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075313	A. Building B. Wing	06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gladeview Health Care Center	60 Boston Post Rd Old Saybrook, CT 06475

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** 41223 Based on review of the clinical record, facility documentation, facility policy and interviews for 1 of 3 residents (Resident #1) reviewed for abuse, the facility failed to ensure the resident was transferred with a Hoyer lift in accordance with physician orders. The findings include: Resident #1 was admitted with diagnoses that included post below the right knee and left toes amputations, anxiety disorder and major depression. An admission MDS assessment dated [DATE] identified Resident #1 was alert and oriented, and required extensive assistance with two (2) staff members for bed mobility and transfers. A physician order dated 7/7/2022 directed Hoyer lift for all transfers assist of two (2) staff. The RCP dated 7/27/2022 identified Resident #1 was at risk for falls due to impulsivity, had altered cognition with exhibited confusion and suspiciousness with altered physical mobility. Interventions directed to transfer as per order, with a Hoyer lift and assist of two (2) staff. A facility reportable report form dated 8/26/2022 identified an allegation of abuse. Resident #1 reported that on 8/10/2022 Resident #1 did not like the attitude of NA #1, and that NA #1 had transferred Resident #1 inappropriately. Resident #1 indicated approximately two (2) weeks ago he/she was not treated with respect while being showered, and at approximately 6:00 PM when NA #1 was showering Resident #1, Resident #1 felt humiliated and embarrassed by NA #1. Interview with NA #2 on 6/17/2024 at 11:21 AM identified that on 8/10/2022 NA #1 had asked her to assist to transfer Resident #1 to the shower as the Hoyer lift battery was dead. She recalled that Resident #1 was demanding to be showered and was upset that NA #1 was delayed in transferring him/her to the shower. She told NA #1 that she could not assist with the transfer because Resident #1 required a Hoyer lift transfer due to a recent surgery. NA #2 stated Resident #1 became upset with NA #1, demanding to be showered immediately or NA #1 would be fired. NA #1 responded by picking up Resident #1 and transferring Resident #1 without the Hoyer lift or any assistance. NA #1 then proceeded to provide incontinence care to Resident #1 utilizing the shower sprayer. She did not witness any inappropriate interaction from NA #1 towards Resident #1. (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
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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 and review of the investigation summary dated 8/30/2022 with the DON on 6/17/2024 at 12:30 PM identified that on 8/10/2022 Resident #1 was brought to the shower room by NA #1. NA #1 determined the Hoyer lift was not charged and called NA #2 to assist with a transfer of Resident #1. NA #2 informed NA #1 that Resident #1 required a Hoyer lift for transfer and NA #1 proceeded to physically lift Resident #1 from the wheelchair by himself and transfer Resident #1 into the shower chair. The DON stated the transfer was improper and unsafe, and Resident #1 should not have been transferred only by NA #1. The DON was unable to explain why NA #1 transferred Resident #1 alone, and stated she did not know why NA #1 transferred Resident #1 alone instead of using another Hoyer lift. The DON further stated physician orders and care plan should have been followed, and NA #1's employment was terminated due to not following the physician orders for the transfer. Although attempted, interview with NA #1 was not completed during survey. The facility policy Mechanical Lifts dated 8/2017, directed in part, (if ordered) if an employee does not use a mechanical lift, it is a violation of the facility policy. Although requested, the facility did not provide a policy regarding following the physician orders.