

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Glastonbury Center for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1175 Hebron Ave Glastonbury, CT 06033	

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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for nutrition, the facility failed to ensure provider was notified timely of a weight loss. The findings include:</p> <p>Resident #1's diagnoses included dementia and nutritional deficiencies. The quarterly MDS Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was alert and oriented, had a Brief Interview for Mental Status (BIMS) score of ten out of fifteen, indicative of moderate cognitive impairment, required set up for meals and received a mechanically altered diet. The Resident Care Plan (RCP) dated 11/4/2024 identified a nutrition and weight maintenance problem. Interventions directed to help with eating, provide dietary assessments and referrals as needed.</p> <p>Record review identified a weight on 11/26/2024 was 171.9 pounds (lbs). The next weight recorded on 12/10/2024 was 147.8 lbs, indicating a loss of weight loss of 24.1 pounds in 15 days.</p> <p>Review of nutrition/dietary note dated 12/13/2024 indicated a weight warning of a significant weight loss in 30, 90 and 180 days. The note indicated Resident #1 was [AGE] years old, recently treated for pneumonia, and working with speech therapy (ST) for dysphagia management. Resident #1 was receiving a mechanical soft consistency diet with variable intake. Accepts supplements of ensure clear and liquid protein supplements, nutritional needs increased and receives magic cup two times per day with meals.</p> <p>Physician note dated 12/16/2024 identified resolved pneumonia and nursing without concerns.</p> <p>Record review from November through December 2024, failed to identify the physician/APRN was notified of the weight loss identified on 12/10/2024.</p> <p>Additional weight recorded on 12/31/2024 was 146.8 lbs, indicating one (1) additional lb loss since 12/10/2024, and a total loss since 11/26/2024 of 25.1 lbs.</p> <p>(continued on next page)</p>

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/6/2025 at 1:45 PM interview and clinical record review with APRN #1 and PA #1 identified they were not notified of Resident #1's weight loss of 24.1 pounds identified on 12/10/2024, and they were not notified of the weight loss identified on 12/31/2024 (total loss 25.1 pounds between 11/26 and 12/31/2024). Interview identified APRN #1 was first aware of the weight loss on 1/3/2025, and PA #1 was not aware of the loss. Interview identified APRN #1 and PA #1 should have been notified of the change in the resident's weight, and they would have wanted to be notified to review the plan.</p> <p>Interview, and review of clinical record and facility documentation on 3/6/2025 at 2:07 PM with DNS identified that the provider should have been notified of Resident #1's weight loss when it was identified. Interview failed to identify why the provider/APRN #1/PA #1 were not notified prior to 1/3/2025.</p> <p>Review of facility Change of Condition Notification policy directed in part, the facility will inform the resident, resident's healthcare provider, and the resident's family/legal representative when there is a change in condition.</p> <p>Facility documentation review identified staff education was initiated on 1/15/2025 and included to notify the physician of any weight discrepancy. Audits were initiated on 1/10/2025, and a QAPI meeting was held on 1/31/2025. Based on review of facility documentation, past non-compliance was identified.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for ADLs, the facility failed to ensure the clinical record was complete and accurate to include personal care provided. The findings include:</p> <p>Resident #1's diagnoses included dementia, nutritional deficiencies, and unstageable pressure ulcer of sacral region. The quarterly MDS Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 was alert and oriented, had a Brief Interview for Mental Status (BIMS) score of ten out of fifteen, indicative of moderate cognitive impairment, required assistance with ADLs and transfers, and was incontinent of bowel and bladder. The Resident Care Plan (RCP) dated 11/4/2024 identified an Activities of Daily Living (ADL) deficit. Interventions directed to assist with care as needed.</p> <p>The Nurse Aide Care Card directed assistance of one with personal hygiene, bathing, transfers, wheelchair use, and limited assistance with mouth care.</p> <p>Review of ADL flowsheet dated 1/1 to 1/23/2025 failed to identify NA documentation for the following personal care:</p> <p>ADLs (bathing, bed mobility, dressing, toilet use, transfers) - the documentation was blank (missing to indicate care was provided) seven (7) times during the night shift, nine (9) times during the day shift, and eight (8) times during the evening shift (total blanks 24 out of 93 opportunities).</p> <p>Bed mobility - the documentation was blank (missing to indicate care was provided) seven (7) times during the night shift, nine (9) times during the day shift, and seven (7) times during the evening shift (total blanks 23 out of 93 opportunities).</p> <p>ADL dressing - the documentation was blank (missing to indicate care was provided) nine (9) times during the day shift and eight (8) times during the evening shift (total blanks 17 out of 93 opportunities).</p> <p>ADL oral hygiene - the documentation was blank (missing to indicate care was provided) nine (9) times during the day shift and eight (8) times during the evening shift (total blanks 17 out of 63 opportunities).</p> <p>ADL transfers - the documentation was blank (missing to indicate care was provided) nine (9) times during the day shift and eight (8) times during the evening shift (total blanks 17 out of 63 opportunities).</p> <p>Bladder elimination - the documentation was blank (missing to indicate care was provided) seven (7) times during the night shift, nine (9) times during the day shift, and seven (7) times during the evening shift (total blanks 23 out of 93 opportunities).</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ADL eating - the documentation was blank (missing to indicate care was provided) nine (9) times during the breakfast meal, ten (10) times during noon meal, and eight (8) times during the dinner meal (total blanks 27 out of 93 opportunities).</p> <p>Nutrition snack - - the documentation was blank (missing to indicate care was provided) eight (8) times during the month for the daily 2 PM snack (8 out of 31 opportunities).</p> <p>Interview and record review with the DNS on 3/6/2025 at 12:28 PM identified that NA staff provided the care scheduled to be provided during the month of January 2025, and the NAs should have documented the care provided, according to facility policy. Interview failed to identify why the documentation, as listed above, was blank.</p> <p>Review of facility Charting and Documentation policy directed in part, to shall document services provided in the patient's medical record. Further, the Policy directed documentation shall be completed at the time of service, but no later than the shift in which the care service occurred.</p>		