

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/17/2025
NAME OF PROVIDER OR SUPPLIER  Wilton Meadows Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  439 Danbury Rd, Route 7 Wilton, CT 06897	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, facility documentation, facility policy, and interviews for one resident (Resident #1) reviewed for abuse, the facility failed to ensure the resident was free from verbal abuse. The findings include:Resident #1's diagnoses included dementia, depression, anxiety, dysphagia, difficulty walking, need for assistance with personal care, and generalized muscle weakness.The nursing admission assessment dated [DATE] by LPN #4 identified Resident #1 was alert and oriented to person, was incontinent of bowel and bladder, and required assistance with ADLs.A physician's order dated 8/20/2025 directed to provide complete assistance with ADLs.The Resident Care Plan (RCP) dated 8/20/2025 identified Resident #1 had the potential for alteration in elimination. Interventions directed to assist to the bathroom as needed, provide incontinent care as needed, bowel protocol per policy, bowel and bladder evaluation upon admission, and as needed.A facility reportable event (RE) form dated 8/20/2025 at 6:00 A.M. identified NA #2 reported she witnessed NA #1 yelling and swearing at Resident #1.The nurse's note dated 8/20/2025 at 9:30 A.M. by the Assistant Director of Nursing (ADON) identified it was reported that on 8/19/2025, NA #1, who worked the 11 P.M. to 7 A.M. shift, was witnessed yelling and swearing at Resident #1 during care. The ADON identified that Resident #1 reported that a girl was very mean h/her.The facility RE summary dated 8/28/2025 identified on 8/19/2025 during rounds on the 11 P.M. to 7 A.M. shift, NA #1 and NA #2 went to provide Resident #1 with incontinent care. NA #2 witnessed NA #1 yell at Resident #1 stating you are f***ing nasty because Resident #1 was incontinent of stool. The summary further indicated that Resident #1 was without distress from the incident and NA #1 was terminated.Review of NA #1's Corrective Action Record dated 8/25/2025, completed by the Director of Nursing (DNS), identified NA #1 was terminated for violations of company policy or procedures, rudeness to employees or customers, unsatisfactory work, and a verbal abuse allegation. Interview with the Director of Nursing (DON) on 9/17/2025 at 11:15 A.M. identified NA #1 was terminated because she was witnessed by NA #2 being verbally abusive towards Resident #1.Interview with the ADON on 9/17/2025 at 11:50 A.M. identified on 8/20/2025 at approximately 7:00 A.M., she was notified by the Director of Human Resources that NA #2 alleged NA #1 spoke inappropriately to Resident #1. The ADON indicated NA #1 was sent home, and she initiated an investigation. The ADON indicated the facility interviewed staff and Resident #1. NA #1 was terminated for verbal abuse.Interview with the Director of Human Resources on 9/17/2025 at 12:14 P.M. identified on 8/20/2025 between 6:15 and 6:30 A.M. NA #2 reported that during rounds NA #1 yelled at Resident #1 and stated what the f*** are you doing, you know better, you are f***ing nasty because Resident #1 was incontinent. The Director of Human Resources indicated that on 8/20/2025, she notified the corporate staff, the ADON, and suspended NA #1.Interview with NA #2 on 9/17/2025 at 12:42 P.M. identified on 8/20/2025 at about 6:00 A.M., she and NA #1 went to provide care for Resident #1. NA #2 indicated NA #1 started yelling at Resident #1 and after she and NA #1 finished providing care to Resident #1, she reported the incident to the Director of Human Resources. Review of the facility Abuse Prevention Policy dated December 2016, directed in part, residents have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation, which includes but is not limited to freedom from verbal abuse. As part of the resident abuse prevention, the administration will protect our residents from abuse by anyone, including facility staff.</p>		