

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075318	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2025
NAME OF PROVIDER OR SUPPLIER  Pomperaug Woods Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  80 Heritage Rd Southbury, CT 06488	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43184</b></p> <p>Based on clinical record reviews, review of facility documentation, facility policies, and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for the misappropriation of personal property, the facility failed to ensure a controlled medication, Oxycodone, and the controlled disposition sheet were not removed from the facility. The findings include:</p> <p>Resident #1's diagnoses included osteoporosis, spondylosis of cervical region, cervicgia, and polyostearthritis.</p> <p>The admission Minimum Data Set assessment dated [DATE] identified Resident #1 had no memory recall deficits and received a scheduled pain medication.</p> <p>The Resident Care Plan dated 10/18/24 identified Resident #1 was at risk for pain related to the history of chronic back pain.</p> <p>Interventions directed to complete pain evaluation, discuss with the resident what causes and alleviates pain, medications per physician's order, monitor pain scale every shift, notify physician if medication is not alleviating pain to an acceptable level and provide non-pharmacological measures prior to administering pain medication if acceptable.</p> <p>A physician's order dated 11/5/24 directed to give the narcotic pain medication, Oxycodone HCL 5 milligram (mg) by mouth every six (6) hours as needed for severe pain.</p> <p>The Facility Reportable Incident form dated 11/26/24 at 6:15 PM identified during the routine twice monthly narcotic audit conducted by the Director of Nursing (DON), it was determined that one (1) blister pack of Oxycodone and the corresponding controlled substance record were unaccounted for.</p> <p>The summary report dated 12/1/24 24 identified the pharmacy delivered one (1) blister pack of Oxycodone 5 mg tablets (28 tablets) for Resident #1 at 6:33 PM on 11/7/24 which was signed in by two (2) nurses and then placed in the medication cart in the locked narcotic drawer. The report identified on 11/9/24 at 2:50 PM, Resident #1 required a dose of Oxycodone which was not found in the medication cart locked drawer and had to be obtained from the emergency box of medications.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing (DON), on 1/7/25 at 2:36 PM identified while doing his bimonthly audit of narcotic medications on 11/26/24, it was discovered that one (1) blister pack of Resident #1's Oxycodone (28 tablets) and the corresponding narcotic medication disposition sheet was missing. The DON identified at that time he initiated an investigation, called the pharmacy, the police and the drug enforcement agency (DEA). The DON identified he searched all medication rooms, medication carts, the emergency box as well as interviews of all staff who worked during the period of 11/7/24 through 11/9/24, the time from when the Oxycodone was delivered to the time it was discovered missing, and he could not locate the medication. The DON identified the facility policy for narcotic medication was that two (2) licensed staff members sign for the medication when it was delivered from the pharmacy, then put the blister pack in the locked narcotic drawer on the medication cart and put the narcotic medication disposition sheet in the corresponding medication count binder and a narcotic count of medication was done at the beginning and end of each shift by the outgoing and oncoming nurse. The DON identified he was unable to conclude where the medication went.</p> <p>Review of the facility policy titled Controlled Drugs/Control Drug Audits directed, in part, the facility is responsible to ensure that proper accounting and documentation of use of all control drugs is performed.</p> <p>Review of the facility policy titled Abuse Prevention Policy, identified misappropriation defined as the misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. The policy further directed, in part, the facility will have proper measures implemented to prevent and maintain an abuse free (misappropriation) environment in accordance with state and federal law.</p> <p>Review of the facility policy titled Resident Rights, directed, in part the resident has the right to be free from misappropriation of property.</p>		