

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 05/29/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for misappropriation, the facility failed to ensure a resident was free from misappropriation of property when an iPad was taken from the facility. The findings include:</p> <p>Resident #1 had diagnoses that included dementia, anxiety, generalized muscle weakness, and chronic obstructive pulmonary disease.</p> <p>The care plan dated [DATE] identified Resident #1 needed to feel comfortable in h/her new placement with interventions that directed to inform the resident of other available areas to explore a change of scenery such as the library, living rooms, or recreation room, provide in room visits for simple conversation, provide the resident with a monthly recreation calendar, and provide in room activities as needed to keep the resident busy in the morning and at bedtime.</p> <p>The quarterly [NAME] Data Set (MDS) assessment dated [DATE] identified Resident #1 had moderately impaired cognition (Brief Interview for Mental Status (BIMS) score of 11), was frequently incontinent of bowel and bladder, and required substantial assistance with ADLs.</p> <p>A Concern/Grievance form dated [DATE] by RN #2 identified Resident #1's children reported that Resident #1's iPad with a blue cover was missing. RN #2 indicated that a search was conducted and all departments were notified. The summary identified Resident #1's iPad was not found, the facility offered to reimburse for the missing item, Family Member #1 contacted the Director of Nursing Services (DNS) to inform him that the item was located outside of the facility, and an investigation and police report were filed on [DATE].</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>The facility's accident and incident report dated [DATE] at 1:45 P.M. identified Family Member #1, of recently deceased Resident #1, reported that Resident #1 had h/her iPad in h/her possession at the time of h/her death, and h/she was unable to locate the iPad. Family Member #1 identified that today h/she used Resident #1's iCloud account to remotely track the location of the device which pinged at a middle school and h/she was able to remotely lock the device. An investigation was initiated, Family Member #1 was interviewed for further information, and the police were notified. The facility's summary dated [DATE] identified during follow up phone call to Family Member #1 h/she identified h/she pinged the location of the device on [DATE] and [DATE] and both times the location continued to be reported at a middle school, a police report was filed, residents on the unit were interviewed to determine if they have had any loss of property or missing items and no missing items were reported. A list of staff members was provided to the police officer and the police stated to allow them to investigate the matter as a crime, and they would perform all questioning with staff. This is an ongoing police investigation.</p> <p>Review of an Administrative Leave Form dated [DATE] identified NA #4 was placed on an immediate administrative leave while investigating a serious matter that pertained to her and the facility would contact her following a review of the matter with information regarding her status.</p> <p>Interview with the DNS on [DATE] at 9:45 A.M. identified on [DATE] he was notified by RN #2 that when Resident #1's family member arrived to pick up Resident #1's belongings h/she reported that Resident #1's iPad was missing, RN #2 searched for the iPad, it was not located, so RN #2 offered to reimburse the family for the missing iPad, but Resident #1's family member declined asking that the facility keep looking for it. The DNS indicated that on [DATE] Family Member #1 reported that the iPad was still missing, but h/she was able to sign into the iCloud account and pinged the location of the iPad. The DNS identified an investigation was initiated and he notified the police. The DNS indicated that when the Police Officer arrived, he provided a list of all staff who cared for Resident #1, the addresses of staff, and the bus routes in the area where the iPad location had pinged. The DNS indicated the Police Officer stated to allow the police to investigate and question staff because it was a criminal matter. The DNS indicated that on [DATE] the Police Officer identified that the iPad was returned to Family Member #1, the suspect was NA #4, it was still an ongoing investigation, not to share any information, and that a judge would be signing a warrant for arrest. The DNS identified on [DATE] NA #4 was placed on administrative leave and remained out of work. The DNS indicated that there were no other residents with missing items and that NA #4 had no prior disciplinary action or any other allegations.</p> <p>Subsequent to surveyor inquiry, the DNS provided a letter dated [DATE] written by Human Resource Assistant #1 titled witness statement indicating that the facility was terminating NA #4's employment effective on [DATE].</p> <p>Review of facility Abuse, Neglect, Exploitation, and Misappropriation policy dated [DATE] identified residents have a right to be free from abuse, neglect, and misappropriation of resident property.</p>		