STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, facility policy review, and interviews for six of six residents (Resident #1, 2, 3, 4, 5, and 6) reviewed for abuse, the facility failed to ensure the residents were free from misappropriation. The findings include: 1. Resident #1's diagnoses included osteomyelitis, diabetes mellitus, peripheral vascular disease. Physician orders dated 10/11/2024 directed to administer Oxycodone 20 milligrams (mg), every four hours, as needed, for pain. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen (15/15), indicative of being cognitively intact. Resident #1 was identified to be receiving opioids. The Resident Care Plan (RCP) dated 10/28/2024 identified Resident #1 exhibited pain/has potential for pain related to osteomyelitis infection, neuropathy and wounds. Interventions directed to administer pain medications as ordered. The Facility Reported Incident form dated 10/28/2024 at 12:00 PM identified during a narcotic audit, it was noted that the count for Resident #1's Oxycodone 20 mg was incorrect, and one (1) Oxycodone 20 mg dose was missing. LPN #1 was interviewed by LPN #2 and stated that she had just administered the medication to Resident #1. LPN #2 reviewed the MAR (medication administration record), and noted that the medication was administered too soon (prior dose was administered at 9:01 AM - then next dose was not available to be administered until 1 PM in accordance with physician orders). LPN #2 interviewed Resident #1 immediately, and upon interview with the resident, he/she had a pain level of 8, and Resident #1 stated he/she did not receive the 9:00 AM dose of Oxycodone 20 mg. All information was brought to the DON and the DON interviewed Resident #1. Resident #1 signed a statement that he/she did not receive the 9:00 AM dose. Drug control and the Department of Consumer Protection were notified. 2. Resident #2's diagnoses included dementia and osteoarthritis. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 had a Brief Interview for Mental Status (BIMS) score of six out of fifteen (6/15), indicative of being severely cognitively impaired and received opioids. The Resident Care Plan (RCP) dated 06/24/2024 identified Resident #2 had potential for pain related to osteoarthritis, back pain, and impaired mobility. Interventions directed to administer pain medications as ordered. Physician order dated 7/1/2024 directed to administer Oxycodone 5 milligrams (mg), every four hours, as needed, for pain. (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
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facilities internal narcotic diversion investigation identified the following occurrences for Resident #2: • Pharmacy had delivered Oxycodone 5 mg to the facility on 8/9/2024, a day after the last house audit was completed (with no issues noted). The next house audit was completed on 8/27/2024 and the medication blister pack and the white narcotic proof of use documentation sheet was missing. A quantity of 30 tablets were unrecovered. • On 9/30/2024, a narcotic audit was conducted that identified that twenty-nine (29) Oxycodone 5 mg tablets remaining and the white narcotic proof of use documentation sheet were identified to be missing and unrecovered. Review of Resident #2's white narcotic proof of use documentation sheet for the month of August, September, and October 2024 identified Resident #2 received Oxycodone 5mg by LPN #1 on the following dates: a. 8/26/2024 at 10:50 AM b. 8/31/2024 at 9:00 AM and 2:30 PM c. 9/6/2024 at 7:45 AM d. 9/9/2024 at 8:00 AM and 1:00 PM e. 10/7/2024 at 8:30 AM f. 10/12/2024 at 8:00 AM and 2:00 PM g. 10/13/2024 at 7:30 AM, 11:00 AM, and 3:00 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	h. 10/17/2024 at 9:00 AM and 1:40 PM Review of Resident #2's MAR for the month of August, September, and October 2024 identified LPN #1 failed to document the administration of Oxycodone 5 mg on the following: a. 8/26/2024 and 08/31/2024 (all administrations) b. 9/6/2024 and 09/9/2024 at 1:00 PM. c. 10/7, 10/12 (for the 8:00 AM administration), 10/13, and 10/17/2024 (for the 1:40 AM administration). Interview with Resident #2 on 01/30/2025 at 12:50 PM identified he/she doesn't normally take any pain medication, occasionally Tylenol or Advil, but would not take Oxycodone or another type of narcotic. Interview with ADON on 01/30/2025 at 11:50 AM identified the Oxycodone 5 mg tablets provided by the pharmacy were round white pills. The ADON stated she interviewed Resident #2 regarding the administration of Oxycodone, and he/she indicated the nurse gave him/her a round yellow pill. The ADNS stated she thought the resident was administered an Aspirin tablet instead of the Oxycodone. 3. Resident #3's diagnoses included chronic back pain. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 had a Brief Interview for Mental Status (BIMS) score of fourteen out of fifteen (14/15), indicative of being cognitively intact and was identified to be receiving opioids. Physician orders dated 7/15/2024 directed to administer Oxycodone 5 mg, every eight hours, as needed, for pain. The Resident Care Plan (RCP) dated 7/26/2024 identified Resident #3 had pain/had potential for pain related to spinal stenosis of lumbar region. Interventions directed to administer pain medications as ordered. Physician orders dated 8/2/2024 directed to discontinue Oxycodone 5 mg, every eight hours, as needed, for pain. Review of the facility internal narcotic diversion investigation identified the following occurrences for Resident #3: • (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A facility narcotic audit was last conducted on 8/8/2024, with Resident #3's Oxycodone blister pack was identified to have 19 remaining tablets out of 30. • On 8/27/2024, the facility was unable to locate the Oxycodone medication blister pack or the white narcotic proof of use documentation sheet. Review identified, the order was discontinued on 8/2/2024 and the medication blister pack was never returned to the nursing supervisors office. Further, no notification was given to nursing management that the medication was discontinued. The medication was not recovered and a quality of 19 tablets remained missing. Interview with the ADON on 1/30/2025 at 11:50 AM identified LPN #1 was only nurse that worked on this resident's unit during the time investigated. 4. Resident #4's diagnoses included bronchitis with respiratory syncytial virus, and anxiety disorder. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #4 had a Brief Interview for Mental Status (BIMS) score of thirteen out of fifteen (13/15), indicative of being cognitively intact and was identified to be receiving opioids. The Resident Care Plan (RCP) dated 8/1/2024 identified Resident #4 exhibits pain/has the potential for pain. Interventions directed to administer pain medications as ordered. Physician orders dated 8/7/2024 directed to administer Oxycodone 5 mg, every three hours, as needed, for severe pain. Review of the facility internal narcotic diversion investigation identified the following occurrences for Resident #4: • A facility narcotic audit was last conducted on 9/16/2024 and all medications were accounted for. Resident #4 had twelve (12) Oxycodone tablets remaining. • A facility narcotic audit conducted on 9/23/2024 identified Resident #4's Oxycodone 5 mg medication blister pack was missing, including the white narcotic proof of use documentation sheet. 5. Resident #5's diagnoses included chronic congestive heart failure and vascular dementia. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #5 had a Brief Interview for Mental Status (BIMS) score of eleven out of fifteen (11/15), indicative of being mildly impaired cognition and was identified to be receiving opioids. The Resident Care Plan (RCP) dated 9/21/2024 identified Resident #5 has pain/has the potential for pain related to impaired mobility. Interventions directed to administer pain medications as ordered. Physician orders dated 10/3/2024 directed to administer Percocet (Oxycodone with Acetaminophen) 5-325 mg, every six hours, as needed, for pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #5's white narcotic proof of use documentation sheet for the month of October 2024 identified Resident #5 received Percocet 5-325 mg by LPN #1 on the following dates: a. 10/3/2024 at 8:00 AM and 2:00 PM b. 10/12/2024 at 8:00 AM and 2:00 PM c. 10/13/2024 at 7:45 AM and 2:30 PM d. 10/17/2024 at 10:00 AM Additional review identified no other nurse administered Percocet to Resident #5 during the month of October 2024. Review of Resident #5's MAR for the month of October 2024 identified LPN #1 failed to document the administration of Percocet 5-325mg on the following dates: a. On 10/3/2024 (all administrations). b. On 10/12/2024 at 8:00 AM. c. On 10/13/2024 (all administrations). d. On 10/17/2024 (all administrations). Review of Resident #5's pain scale for the month of October 2024 identified he/she had a rating of zero (0) every day in the month of October. Interview with ADON on 1/30/2025 at 11:50 AM identified the Percocet 5-325 mg provided by the pharmacy was one white tablet. The ADON stated when she interviewed Resident #5 regarding the Percocet administration, Resident #5 stated he/she was given two (2) white pills. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with Resident #5 on 01/30/2025 at 12:30 PM identified he/she had not taken Percocet or any other narcotic in the recent months. Resident #5 identified if he/she has pain, Tylenol or Aspirin would be sufficient his/her needs. 6. Resident #6's diagnoses included chronic pain syndrome and diabetic neuropathy. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #6 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen (15/15), indicative of being cognitively intact, and was identified to be receiving opioids. The Resident Care Plan (RCP) dated 9/3/2024 identified Resident #6 exhibited pain/has potential for pain related to gout and chronic pain. Interventions directed to administer pain medications as ordered. Physician orders dated 9/4/2024 directed to administer Oxycodone 10 mg, every six hours, as needed, for pain. Review of the facilities internal narcotic diversion investigation identified on 10/10/2024, during routine audits on Resident #6's unit at 10:45 AM, LPN #2 noted Resident #6 had received Oxycodone from LPN #1 at 10:00 AM. LPN #2 interviewed Resident #6 and asked the level of pain and Resident #6 replied it was a level 9 out of 10, and described it as pretty bad right now. LPN #2 asked if Resident #6 had received a pain pill and Resident #6 stated the last pain medication was administered at 5 AM. LPN #2 indicated a discussion with LPN #1, and LPN #1 stated she had already administered Resident #6 his/her pain medication, during the morning medication administration. Interview with Resident #6 on 01/30/2025 at 10:45 AM identified he/she had no issues regarding pain control and was able to recall the event in October. Interview with ADON on 1/29/2025 at 12:05 PM identified the process for receiving controlled medications begins with an order in the electronic charting system. Once the order is placed the pharmacy will deliver the medication to the facility. The pharmacy delivery team will give the medications to the RN Supervisor only, and paperwork must be signed for receipt of the medication. This includes a white and yellow narcotic proof of use documentation sheet signed by the RN Supervisor. Next, the RN Supervisor will take the medication and deliver it to the resident's unit; the RN Supervisor will review the medication with the charge nurse on the unit, and both will verify the medication/order. Afterwards, the RN Supervisor will take the yellow narcotic proof of use documentation sheet, and file it in a binder located in the ADON's office. The floor nurse will maintain the white narcotic proof of use documentation sheet and place it in the narcotic book for the nurse to document the administration of the medication. The ADON further stated medication diversion first became an issue at the facility in August 2024. The facility immediately reported the concerns to the DEA (Drug Enforcement Administration) and began their own investigation. The ADON indicated the conclusion of the investigation determined LPN #1 was consistently identified to be involved with the missing medications and LPN #1 was subsequently terminated from her position. Review of the facility Abuse, Neglect, and Exploitation Policy dated 2/2023 directed in part, to prevent misappropriation of resident property. Misappropriation of Resident Property is defined as the means of deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, facility policy review, and interviews for four of six residents (Resident #2, 3, 4, and 6) reviewed for abuse, the facility failed to report an allegation of misappropriation to the State Agency in a timely manner. The findings include: 1. Resident #2's diagnoses included dementia and osteoarthritis. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 had a Brief Interview for Mental Status (BIMS) score of six out of fifteen (6/15), indicative of being severely cognitively impaired and received opioids. The Resident Care Plan (RCP) dated 06/24/2024 identified Resident #2 had potential for pain related to osteoarthritis, back pain, and impaired mobility. Interventions directed to administer pain medications as ordered. Physician order dated 7/1/2024 directed to administer Oxycodone 5 milligrams (mg), every four hours, as needed, for pain. Review of the facilities internal narcotic diversion investigation identified the following occurrences for Resident #2: • Pharmacy had delivered Oxycodone 5 mg to the facility on 8/9/2024, a day after the last house audit was completed (with no issues noted). The next house audit was completed on 8/27/2024 and the medication blister pack and the white narcotic proof of use documentation sheet was missing. A quantity of 30 tablets were unrecovered. • On 9/30/2024, a narcotic audit was conducted that identified that twenty-nine (29) Oxycodone 5 mg tablets remaining and the white narcotic proof of use documentation sheet were identified to be missing and unrecovered. 2. Resident #3's diagnoses included chronic back pain. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #3 had a Brief Interview for Mental Status (BIMS) score of fourteen out of fifteen (14/15), indicative of being cognitively intact and was identified to be receiving opioids. Physician orders dated 7/15/2024 directed to administer Oxycodone 5 mg, every eight hours, as needed, for pain. The Resident Care Plan (RCP) dated 7/26/2024 identified Resident #3 had pain/had potential for pain related to spinal stenosis of lumbar region. Interventions directed to administer pain medications as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility internal narcotic diversion investigation identified the following occurrences for Resident #3: • A facility narcotic audit was last conducted on 8/8/2024, with Resident #3's Oxycodone blister pack was identified to have 19 remaining tablets out of 30. • On 8/27/2024, the facility was unable to locate the Oxycodone medication blister pack or the white narcotic proof of use documentation sheet. Review identified, the order was discontinued on 8/2/2024 and the medication blister pack was never returned to the nursing supervisors office. Further, no notification was given to nursing management that the medication was discontinued. The medication was not recovered and a quality of 19 tablets remained missing. 3. Resident #4's diagnoses included bronchitis with respiratory syncytial virus, and anxiety disorder. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #4 had a Brief Interview for Mental Status (BIMS) score of thirteen out of fifteen (13/15), indicative of being cognitively intact and was identified to be receiving opioids. The Resident Care Plan (RCP) dated 8/1/2024 identified Resident #4 exhibits pain/has the potential for pain. Interventions directed to administer pain medications as ordered. Physician orders dated 8/7/2024 directed to administer Oxycodone 5 mg, every three hours, as needed, for severe pain. Review of the facility internal narcotic diversion investigation identified the following occurrences for Resident #4: • A facility narcotic audit was last conducted on 9/16/2024 and all medications were accounted for. Resident #4 had twelve (12) Oxycodone tablets remaining. • A facility narcotic audit conducted on 9/23/2024 identified Resident #4's Oxycodone 5 mg medication blister pack was missing, including the white narcotic proof of use documentation sheet. 4. Resident #6's diagnoses included chronic pain syndrome and diabetic neuropathy. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #6 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen (15/15), indicative of being cognitively intact, and was identified to be receiving opioids. The Resident Care Plan (RCP) dated 9/3/2024 identified Resident #6 exhibited pain/has potential for pain related to gout and chronic pain. Interventions directed to administer pain medications as ordered. Physician orders dated 9/4/2024 directed to administer Oxycodone 10 mg, every six hours, as needed, for pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility internal narcotic diversion investigation identified on 10/10/2024, during routine audits on Resident #6's unit at 10:45 AM, LPN #2 noted Resident #6 had received Oxycodone from LPN #1 at 10:00 AM. LPN #2 interviewed Resident #6 and asked the level of pain and Resident #6 replied it was a level 9 out of 10, and described it as pretty bad right now. LPN #2 asked if Resident #6 had received a pain pill and Resident #6 stated the last pain medication was administered at 5 AM. LPN #2 indicated a discussion with LPN #1, and LPN #1 stated she had already administered Resident #6 his/her pain medication, during the morning medication administration. Review of the State Agency FLIS Reportable Event Tracking System identified the facility failed to notify the State Agency of the allegation of misappropriation from08/27/2024 through 10/28/2024 at 12:00 PM. Interview with ADON on 1/29/2025 at 12:05 PM identified the facility reported the narcotic diversion in August 2024 to the DEA (Drug Enforcement Administration), and the ADON stated she believed this was only requirement for this type of adverse event. The ADON further stated she was unaware if the facility reported allegation of misappropriation to the State Agency, but indicated all allegations of abuse are reported to the State Agency per Public Health Code guidelines and facility policy. Review of the facility Abuse, Neglect, and Exploitation Policy dated 2/2023 directed in part, to report all alleged violations to the Administrator, State Agency, Adult Protective Services, and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than two (2) hours after the allegation is made, if the events that cause the allegation involve abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, facility policy review, and interviews for two of six residents (Resident #2, and #5) reviewed for quality of care, the facility failed to ensure the record was complete and accurate to include accurate medication administration documentation. The findings include: 1. Resident #2's diagnoses included dementia and osteoarthritis. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 had a Brief Interview for Mental Status (BIMS) score of six out of fifteen (6/15), indicative of being severely cognitively impaired and received opioids. The Resident Care Plan (RCP) dated 06/24/2024 identified Resident #2 had potential for pain related to osteoarthritis, back pain, and impaired mobility. Interventions directed to administer pain medications as ordered. Physician order dated 7/1/2024 directed to administer Oxycodone 5 milligrams (mg), every four hours, as needed, for pain. Review of Resident #2's white narcotic proof of use documentation sheet for the month of August, September, and October 2024 identified Resident #2 received Oxycodone 5 mg (administered by LPN #1) on the following dates: a. On 8/26/2024 at 10:50 AM b. On 8/31/2024 at 9:00 AM and 2:30 PM c. On 9/6/2024 at 7:45 AM d. On 9/9/2024 at 8:00 AM and 1:00 PM e. On 10/7/2024 at 8:30 AM f. On 10/12/2024 at 8:00 AM and 2:00 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	g. On 10/13/2024 at 7:30 AM, 11:00 AM, and 3:00 PM h. On 10/17/2024 at 9:00 AM and 1:40 PM Review of the Medication Administration Record (MAR) for the month of August, September, and October 2024 identified the Oxycodone 5 mg was not documented as administered on the following dates: aa. On 8/26 and 8/31/2024 (all administrations) bb. On 9/6 and 9/9/2024 at 1:00 PM. cc. On 10/7, 10/12 (for the 8:00 AM administration), 10/13, and 10/17/2024 (for the 1:40 AM administration). 2. Resident #5's diagnoses included chronic congestive heart failure and vascular dementia. The annual MDS assessment dated [DATE] identified Resident #5 had a Brief Interview for Mental Status (BIMS) score of eleven out of fifteen (11/15), indicative of being mildly impaired cognition and received opioids. The Resident Care Plan (RCP) dated 9/21/2024 identified Resident #5 had the potential for pain related to impaired mobility. Interventions include administer pain medications as ordered. Physician order dated 10/3/2024 directed to administer Percocet (Oxycodone with Acetaminophen) 5-325 mg, every six hours, as needed, for pain. Review of Resident #5's white narcotic proof of use documentation sheet for the month of October 2024 identified the by LPN #1 documented Percocet 5-325 mg was administered on the following dates: a. On 10/3/2024 at 8:00 AM and 2:00 PM b. On 10/12/2024 at 8:00 AM and 2:00 PM c. On 10/13/2024 at 7:45 AM and 2:30 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075319	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Havencare at Litchfield Woods	255 Roberts St Torrington, CT 06790

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	d. On 10/17/2024 at 10:00 AM Review of Resident #2's MAR for the month of October 2024 identified the Percocet 5-325 mg was not documented on the following dates: aa. On 10/3/2024 (all administrations). bb. On 10/12/2024 at 8:00 AM. cc. On 10/13/2024 (all administrations). dd. On 10/17/2024 (all administrations). Interview with the ADON on 1/30/2025 at 11:50 PM identified during a facility narcotic diversion investigation, it was noted LPN #1 failed on multiple occasions to document the administration of a narcotic in the electronic MAR. The ADON stated the nurses are to document in the electronic medical record and the white proof of use narcotic administration sheet. Review of the facility Nursing Documentation Policy dated 2/2016 identified the licensed nursing personnel document information related to the resident's condition and care provided in the resident's medical record, to include administration of medications or treatments.