STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075323	A. Building B. Wing	10/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cambridge Health and Rehabilitation Center	2428 Easton Tnpk Fairfield, CT 06825

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40172 Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of four (4) residents (Resident #4) reviewed for abuse, the facility failed to ensure two staff provided care for a resident with accusatory behaviors in accordance with the plan of care. The findings include: Resident #4 had diagnoses that included anxiety, hypertension, persistent mood disorder, muscle weakness, and depression. The care plan dated 9/15/2023 identified Resident #4 as a potential victim of an allegation of abuse with interventions directed assist of two (2) for all care due to accusatory behaviors. The annual MDS dated [DATE] identified Resident #4 had intact cognition, was always incontinent of bowels, frequently incontinent of bladder, and required extensive assistance with ADLs. A facility accident and incident report dated 10/1/24 at 1:10 P.M. identified Resident #4 stated that NA #2 pokes h/her in the leg and back and when Resident #4 tells NA #2 it hurts NA #2 doesn't apologize. Review of the facility's summary report dated 10/3/24 identified upon further interview Resident #4 stated NA #2 is not abusive, but when she touches me, it feels like she is poking me. Resident #4 has accusatory behaviors, is care planned, and requires 2 persons at all times for care. The nurse's note dated 10/9/24 at 9:41 A.M. written by the DNS indicated the note was a late entry note for 10/1/24. The DNS indicated she spoke with Resident #4 regarding the allegation h/she made regarding care. The DNS indicated she called Resident #4's responsible party and the APRN to update them on the allegation and that she was initiating an investigation. Interview with LPN #1 on 10/9/24 at 11:05 A.M. identified on 9/30/24 during the 3 P.M. - 11 P.M. shift Resident #4 had no complaints. LPN #1 indicated she was not aware that Resident #4 had any care concerns or that NA #2 had hurt or poked Resident #4. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with NA #2 on 10/9/24 at 11:20 A.M. identified on 9/30/24 during the 3 P.M. - 11 P.M. NA #2 was assigned to care for Resident #4. NA #2 identified Resident #4 asked to go to the toilet and she assisted Resident #4 to the toilet without another staff member present. NA #2 identified when she went to get Resident #4 up from the toilet Resident #4 stated you are hurting me, NA #2 stopped assisting Resident #4, and told Resident #4 she was sorry. NA #2 identified she went and to get NA #3 and NA #4 to assist Resident #4 off the toilet.NA #2 identified that she knew the resident required 2 staff for all care, but the resident had to go got the bathroom, so she did not look for another NA to assist her with care. Interview and clinical record review with the DNS on 10/9/24 at 12:00 P.M. identified based on her investigation regarding Resident #4 allegations on 10/1/24 that NA #2 poked h/her in the leg and back on 9/30/24 staff to resident abuse was not substantiated. The DNS identified on 9/30/24 NA #2 did not follow the care plan intervention when she took Resident #4 to the bathroom and placed the resident on the toilet without another staff member present. Review of facility's baseline/comprehensive person center care plan policy in part identified the person-centered care plan is developed to include information necessary to properly care for the resident and will address the resident's preferences, goals, desired outcomes, and plan for discharge.