STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075325	A. Building B. Wing	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Wade Home, the Incorporated	118 Clinton Ave New Haven, CT 06513

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41682 Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for quality of care, the facility failed to ensure staff notified the physician/APRN timely after a resident's verbalization of self-harm. The findings include: Resident #1's diagnoses included dementia, and major depressive disorder. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of five out of fifteen (5/15), indicative of severely impaired cognition and was independent with ADLs and mobility with a walker. The Resident Care Plan (RCP) dated 11/2/24 identified Resident #1 had a history of verbalization of suicidal ideation/intent. Interventions directed to allow to express fears and emotions, know resident's whereabouts, and involve with planning. A nursing note dated 11/8/2024 at 10:52 AM by LPN #1 identified Resident #1 was alert and able to make needs known. Medications were administered with no issues. Resident #1 appeared to be depressed, stated I have no one and asked LPN #1 if she had anything to kill him/herself with. LPN #1 reassured Resident #1 was not alone and offered a social services visit, which Resident #1 declined. The Supervisor/ADNS were aware and safety precautions were maintained. Record review failed to identify a physician/APRN was notified regarding Resident #1's verbalization of self-harm on 11/8/2024. Interview with LPN #1 on 11/25/2024 at 1:40 PM verified Resident #1 verbalized self-harm on 11/8/2024. LPN #1 indicated she offered Resident #1 a visit from social services and ensured safety precautions of maintaining the bed in a low position and searched the room for items that can cause self-harm. LPN #1 notified the ADNS, who was the acting the RN Supervisor for the shift, of Resident #1's statements. LPN #1 identified she was unaware if Resident #1 was placed on one-to-one (1:1) supervision or if the physician was notified after the statements were made. Although attempted, an interview with ADNS was unable to obtained during the survey. Although attempted, an interview with APRN #2 was unable to be obtained during survey. (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
	075325	A. Building B. Wing	11/25/2024

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with DON on 11/25/2024 at 2:25 PM identified she was able to communicate with the ADNS via WhatsApp Messages, due to the ADNS being unavailable via telephone. The ADNS identified to the DON via WhatsApp Messages that she was not notified of Resident #1's verbalization of self-harm on 11/8/2024. The ADNS indicated LPN #1 did not report the incident to her, and had LPN #1 notified her of this event, the ADNS would have notified the physician. The DON stated if she knew about the statements, she would have also ensured Resident #1 was evaluated by psychiatric services, and if the physician was not able to be reached, DON indicated Resident #1 would have been emergently sent to the hospital for further evaluation. The DON was unable to provide documentation that Resident #1 was evaluated by any physician, and stated she did not review the 24-hour report sheet for 11/8/2024. Review of the facility Change in Health Status Notification Policy dated 2/12/2002 directed in part, licensed nurses will notify an attending physician and responsible party of a change in condition of the resident on a timely basis/within 24 hours. This would include, but not be limited to, change in mental status, change in behavior/mood, or the need for transfer to hospital.