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	12/09/2024

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47826 Based on clinical record reviews, facility documentation, facility policies and interviews for three (3) of four (4) sampled residents (Residents #1, #2, and #3) who were reviewed for allegations of staff to resident verbal and physical abuse, the facility failed to ensure Resident #1 was not physically and verbally abused, and Residents #2 and #3 were not verbally abused by a nurse aide. The findings include: Resident #1's diagnoses included Parkinsons, depression, diabetes mellitus, and dementia. The Resident Care Plan dated 10/2/24 identified Resident #1 had a self-care deficit. Interventions directed for assistance of one (1) staff with activities of daily living and to contact the family if resident refused care. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 rarely or never made decisions regarding tasks of daily life and required moderate assistance from staff for bed mobility, and transfers. Resident #2's diagnoses included chronic obstructive pulmonary disease, muscle weakness, and depression. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #2 had no memory deficits, was oriented to person, place, and time and was dependent on staff with activities of daily living. The Resident Care Plan dated 10/30/24 identified Resident #2 had a self-care deficit. Interventions directed assistance from one (1) staff member with activities of daily living. Resident #3's diagnoses included diabetes mellitus, chronic kidney disease, and dementia. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #3 had no memory deficits, was oriented to person, place, and time and was independent with activities of daily living. The Resident Care Plan dated 10/30/24 identified Resident #3 required encouragement to maintain maximum participation in daily living skills. Interventions directed to offer praise for a clean and neat appearance. (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: 075325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER Mary Wade Home, the Incorporated		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Facility Reported Incident forms dated 11/25/24 identified there were three (3) incidents that occurred on 11/24/24 that involved a 3-11PM nurse aide and Residents #1, #2, and #3. The social service's note for Resident #1 dated 11/25/24 at 1:04 PM identified the social worker and Director of Nursing (DON) spoke with Resident #1 on 11/25/24 and Resident #1 identified in the afternoon of 11/24/24 a nurse aide, Nurse Aide (NA) #2, was rough with care and yelled at Resident #1. Resident #1 indicated NA #2 often yelled at him/her. The social service's note for Resident #2 dated 11/25/24 at 1:15 PM identified the social worker and DON spoke with Resident #2 on 11/25/24. Resident #2 identified on 11/24/24 NA #2 complained when Resident #2 rang for assistance, yelled at him/her often, complained about her job, and made rude comments about the resident's weight. Resident #2 indicated he/she avoided calling for help when NA #2 worked. The social service's note for Resident #3 dated 11/25/24 at 1:19 PM identified the social worker and DON spoke with Resident #3 on 11/25/24 and Resident #3 identified on 11/24/24 NA #2 yelled at him/her. In a written statement dated 11/27/24 another 3-11PM nurse aide, NA #1, identified on 11/24/24 when NA #2 was attempting to take Resident #1's blood pressure she heard NA #2 yell at Resident #1 to keep his/her arm still. NA #1 explained when Resident #1 leaned forward in the wheelchair, NA #2 pushed Resident #1's head back. NA #1 heard NA #2 yelling at Resident #1 to, mind his/her own business, stop worrying about other people and to eat his/her food. NA #1 identified she had heard NA #2 body shame other residents in the past. Interview with DON on 12/9/24 at 12:15 PM identified on 11/25/24 a 3-11PM nurse notified her of concerns regarding NA #2 and residents she cared for on 11/24/24. The nurse suggested the DON to talk with Residents #1, # 2, and #3. The DON stated she and the social worker spoke with the residents and Residents #1, #2, and #3 reported specific concerns. The DON identified upon completion of the investigation it was determined NA #2 did not follow the facility policies on Abuse and Neglect and Resident's Rights and violated the facility's work standards. The facility terminated NA #2 on 11/27/24. Interview with Resident #2 on 12/9/24 at 12:30 PM identified NA #2 would make comments about his/her weight in front of other residents and criticize him/her when Resident #2 would eat a snack in the evening by saying, I can't believe you are having that, you had dinner. Resident #2 identified on one occasion when he/she was incontinent, NA #2 stated, don't even tell me. You didn't wet your pants. It is not supposed to happen to you and when he/she asked NA #2 to assist him/her to change clothes, NA #2 stated, You better learn. Resident #2 indicated after helping him/her get changed, he/she heard NA #2 talking under her breath as she left the room stating, I can't believe this. Resident #2 identified he/she had witnessed NA #2 push Resident #1 and grab his/her arm tight. Interview with Resident #3 on 12/9/24 at 12:45 PM identified NA #2 would yell at Resident #3 about hearing and needing hearing aids. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER Mary Wade Home, the Incorporated		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident #1 on 12/9/24 at 1:10 PM identified NA #2 had been mouthy with him/her but he/she would let it pass until 11/24/24 when NA #2 threw me into bed. Resident #1 identified NA #2 picked him/her up from behind and threw him/her into the bed. Resident #1 indicated NA #2 would grab his/her arm so tight it would hurt, and NA #2 would yell at him/her to get into bed. Resident #1 stated he/she was afraid of NA #2. Attempts to interview NA #1 were unsuccessful. Review of the facility policy for Abuse, Neglect, and Exploitation, directed in part, the facility would implement policies and procedures that prohibit and prevent abuse and neglect. Review of the facility policy for Resident Rights, directed in part, the resident has a right to be treated with respect and dignity and be free from verbal, sexual, physical or mental abuse.

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	12/09/2024

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 47826 Based on clinical record reviews, facility documentation, facility policies and interviews for four (4) sampled residents (Resident #1) who were reviewed for allegations of staff to resident verbal and physical abuse, the facility failed to report the allegations of abuse to the Administrator and/or designee within two (2) hours in accordance with the facility policy. The findings include: The Facility Reported Incident forms dated 11/25/24 identified there were three (3) incidents that occurred on 11/24/24 that involved a 3-11PM nurse aide and Residents #1, #2, and #3. Interview with the Director of Nursing (DON) on 12/9/24 at 12:15 PM identified on 11/25/24 a 3-11PM nurse, that wished to remain anonymous, notified her of concerns regarding a 3-11PM nurse aide, Nurse Aide (NA) #2, and residents she cared for on 11/24/24. The DON indicated the nurse asked her to talk with Resident #1. The DON identified another nurse aide, NA #1 had reported her concerns with Resident #1 to the nurse on 11/24/24. The DON identified while initially interviewing staff and residents they were reluctant to provide information due to fear of retaliation from NA #2. The DON identified the nurse did not escalate the concern and allowed NA #2 to continue working on 11/24/24. The facility failed to follow their policy on Abuse and Neglect reporting. Attempts to interview NA #1 were unsuccessful. Review of the facility policy for Abuse, Neglect, and Exploitation, directed in part, an immediate investigation is warranted when suspicion of abuse or neglect occurs. The facility will ensure residents are protected from additional abuse, during and after the investigation by responding immediately to protect the alleged victim, report the allegation immediately, but no later than two (2) hours after the allegation is made to the administrator, state agency, adult protective services and law enforcement.