

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  06/06/2025
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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record reviews, facility documentation, facility policy and interviews for two (2) of three (3) sampled residents (Residents #1 and #2) who were incontinent of bowel and bladder and required staff assistance with personal hygiene, the facility failed to ensure the residents were provided with incontinent care as documented in the resident care plan. The findings include:</p> <p>1. Resident #1's diagnoses included neuromuscular dysfunction of the bladder (loss of normal bladder control) and hemiplegia (weakness of left side extremities).</p> <p>The annual Minimum Data Set assessment dated [DATE] identified Resident #1 had a Basic Interview for Mental Status (BIMS) score of 12 out of 15 indicating some memory recall deficit and was dependent on staff for personal hygiene, had an indwelling catheter to drain the bladder of urine and was always incontinent of bowel.</p> <p>The Resident Care Plan revision dated 4/9/25 identified Resident #1 had actual skin breakdown to the coccyx.</p> <p>Interventions directed to provide incontinent care every two (2) hours and keep all areas of the skin clean and dry.</p> <p>Review of the nurse aide care flow sheets dated 4/9/25 through 4/15/25 identified Resident #1 as having been incontinent of bowels multiple times a day. On 4/14/25 the flow record identified documentation at 6:50 AM Resident #1 had a bowel movement on the 11PM-7AM shift and the flow record identified at 9:46 PM Resident #1 had a bowel movement. The flow record failed to reflect documentation for the 7AM-3PM shift.</p> <p>2. Resident #2's diagnoses included benign prostatic hyperplasia (enlargement of the prostate gland).</p> <p>The quarterly Minimum Data Set, dated [DATE] identified a Basic Interview for Mental Status (BIMS) score of 12 out of 15 indicating some memory recall deficit, was dependent on staff for personal hygiene, and was always incontinent of the bladder and frequently incontinent of bowel.</p> <p>The Resident Care Plan dated 3/12/25 identified Resident #1 was always incontinent of urine and frequently incontinent of bowel.</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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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  06/06/2025
NAME OF PROVIDER OR SUPPLIER  Mary Wade Home, the Incorporated		STREET ADDRESS, CITY, STATE, ZIP CODE  118 Clinton Ave New Haven, CT 06513	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interventions directed to provide incontinent care every two (2) hours and as needed, keep all areas of the skin clean and dry, and offer a bedpan every two (2) hours.</p> <p>Review of the nurse aide care flow sheets dated 4/9/25 through 4/15/25 identified Resident #2 was incontinent on each shift. On 4/14/25 the flow record identified documentation Resident #2 voided and had a bowel movement on the 11PM-7AM shift and the 3-11PM shift however the flow record failed to reflect documentation for the 7AM-3PM shift.</p> <p>The Violation of Work Standards Policy dated 4/15/25 identified the Director of Nursing (DON) initiated a written disciplinary action for a 7AM-3PM nurse aide, Nurse Aide (NA) #1, after Resident #1 was found soiled with feces and dirty linens and Resident #2 was found to have soaked pads and sheets with dried and wet urine on them, as well as a soaked brief with urine at the change of the 7AM-3PM to 3-11PM shifts on 4/14/25</p> <p>Interview with the Director of Nursing (DON) on 6/6/25 at 10:50 AM identified on 4/14/25 a 3-11PM nurse aide, Nurse aide (NA) #2, had asked her to go to Resident #1 and Resident #2's rooms with her to assess how she found the residents who had been incontinent and were lying on soiled, both wet and dry, linens. The DON stated on 4/14/25 NA #1 was the assigned nurse aide for the 7AM-3PM shift, after her observations she had a conversation with NA #1, and a written disciplinary with education was issued regarding the importance of incontinent care.</p> <p>Interview with NA #1 on 6/6/25 at 11:35 AM identified that she checks the residents when she first arrives on shift, assists with breakfast, then begins to provide morning car, and begins the last rounds at 1:30 PM.</p> <p>Interview with NA #2 on 6/6/25 at 2:55 PM identified on 4/14/25 she reported to the DON that on first rounds she had found Residents #1 and #2 were lying on dried and wet soiled pads, sheets, and briefs.</p> <p>Review of the perineal care/incontinent care dated 4/7/25 policy directed all residents will receive incontinent care every two (2) hours.</p>		