STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075326	A. Building B. Wing	04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Center for Health & Rehabilitation	205 Chestnut Hill Road Stafford Springs, CT 06076

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32738 47460 Based on clinical record review, facility documentation, facility policy, and interviews for (1) one of (3) three residents, (Resident #1), reviewed for medication management, the facility failed to reassess a resident whom had a change in status, to ensure continued capability of self administration of medication. The findings include: Resident #1's diagnoses included diabetes. An Interdisciplinary Care Plan dated 2/20/2024 identified the resident may self-administer medication (insulin pump) with interventions that directed for resident to show competency with use of medication, self-administration of medication form to be completed to assess for accurate dispersion of medication, nurse will evaluate on a day-to-day basis need to administer medications themselves, and nurse will continue to monitor for side effects of medication. A self administration of medications informed consent and assessment dated [DATE] identified that the resident was able to answer all questions about the insulin pump correctly and had a pass on the form, and the resident was deemed capable of self administering the insulin pump. A physician's order dated 2/20/2024 directed a blood sugar check before meals and at bedtime, resident manages insulin pump. A physician's order dated 2/21/2024 directed patient may self-administer insulin via pump and may refill pump as needed/scheduled. Review of Monitor for Placement of Insulin Pump and Site Daily form identified that on 2/21/2024 to 2/25/2024 the patient/resident was able to manage the pump and site, there were no concerns or issues, and no comments were noted. Review of the Monitor for Placement of Insulin Pump and Site Daily form identified that on 2/26/2024 and 2/27/24 the patient was unable to manage the insulin pump, that there were concerns/issues and comments column indicated that the MD was notified, and a one-time dose of insulin was obtained on both days, however, no specifics were noted on what the concerns or issues were with the resident managing h/her insulin pump. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 had a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen(15), indicative of moderate cognitive impairment and required supervision/with activities of daily living. A nurse's note dated 2/27/2024 at 12:46 AM by Licensed Practical Nurse (LPN) #1 identified that the resident's blood sugar at 4:00 PM on 2/26/24 was 282 the physician was notified and the resident was given 6 units of Humalog insulin from the house stock. A nurse's note dated 2/27/2024 at 8:00 AM by LPN #2 identified that the resident had a blood sugar of at 410 at 8:00 AM, the physician was notified and an order was obtained for one (1) time dose of 10 units of Humalog insulin. Interview, review clinical record review with the Director of Nurses (DNS) and Assistant Director of Nurses (ADNS) on 4/22/2024 at 12:30 PM identified that Resident #1 was assessed and deemed competent to self-manage his/her insulin pump on admission. In review of the facility Self-Administration Medication policy by the ADNS indicated Resident #1 needed to be re-evaluated for self-management of his/her insulin pump on 2/26 or 2/27/24 when it was identified that the resident was having difficulty managing the pump, (although it was unclear what the difficulty was) Resident #1 was declining overall, and the discontinuation of the insulin pump should have been considered. Review of facility Self-Administration of Medications Policy directed in part, if unable to safely perform this task, the licensed staff, or trained medication aides/technicians, as allowed by State law, will administer medications. Procedure identified: if there is a change in the resident's status re-evaluate his/her ability to continue to self-administration of medications, as this right may be withdrawn if the resident can no longer safely self-administer.

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32738 Based on clinical record review, facility documentation, facility policy, and interviews for one (1) of three (3) residents, (Resident #1), reviewed for discharge planning, the facility failed to ensure that the discharge instructions/paperwork included the use of a specialized device used to deliver medication . The findings include: Resident #1's diagnoses included diabetes. Review of hospital Inter-Agency Patient Referral Report dated 2/20/2024 identified that the resident was on an insulin pump during h/her hospital stay, the plan is was for discharge to rehab, and to remain on insulin pump as the skilled nursing facility had accepted the resident with the insulin pump. Discharge orders included a check blood of blood sugars before meals and at bedtime. The insulin pump basal rates (continuous insulin administration) set for varying times of day at varying rates with a total insulin dose of 19. 325 units/day, An insulin-sensitivity factor (ISF) setting at 1.35 mg/dl (milligram/deciliter) (measures how much insulin is needed to bring the blood sugar down) throughout the day and an insulin to carb ratio (ICR) (how much insulin is needed to cover carbohydrate intake) setting throughout the day setting at 1:10 grams, Novolog insulin and a blood sugar target range setting of 110 mg/dl throughout the day. The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 had a Brief Interview for Mental Status (BIMS) score of twelve (12) out of fifteen (15), indicative of moderate cognitive impairment and required supervision/touching assist activities of daily living. A physician's order dated 2/20/2024 directed blood sugar check before meals and at bedtime, resident has and manages insulin pump. A physician's order dated 2/21/2024 directed patient may self-administer insulin via pump per guidelines, may refill pump as scheduled. A Social services note dated 2/27/24 indicated Resident #1 and family have requested discharge, the resident would returning home with spouse and palliative care home care services. Review of Inter-Agency Patient Referral Report dated 2/27/2024 indicated Resident #1 was referred to a home care agency and had a diagnosis of Type 1 (insulin dependent) Diabetes. Review of the Transfer/Discharge Report and facility Discharge Packet included resident information and current medications, the current medication list included Glucagon Emergency Kit and Insta-Glucose Gel. However, the discharge packet provided by the facility did not include frequency of blood sugar monitoring, insulin type, frequency, route or identify that Resident #1 had an insulin infusion pump. Interview with the Director of Nurses on 4/22/24 at 2:10 PM identified that the nurse who fills out the discharge paperwork would be responsible for including the information about the insulin infusion pump to the discharge paperwork, and she was unable to find any information on the discharge paperwork on the insulin pump. (continued on next page)

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility Discharge Planning Policy directed in part, Residents who are admitted for short term rehabilitation and request/indicate their desire to return home will work with social service staff, as a member of the interdisciplinary team, to formulate a viable discharge plan. The facility will make referrals to community services to provide follow up treatment, care and support following discharge.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460 Based on clinical record, facility documentation, facility policy, and interviews for one (1) of (3) three residents, (Resident #1), reviewed for medication management, the facility failed to ensure medical device maintenance was provided in accordance with manufacturer's guidance. The findings include: Resident #1's diagnoses included diabetes. Review of hospital Inter-Agency Patient Referral Report dated 2/20/2024 included progress notes dated 2/20/2024 by an endocrinology provider that indicated that the patient would remain on the insulin pump (a device that delivers insulin into the body through a device outside of the body) after discharge at the skilled nursing facility. The report further identified that the insulin infusion set (includes the needle that is inserted into the body and the tubing) was due to be changed on 2/22/2024. An Interdisciplinary Care Plan dated 2/20/2024 identified the resident may self-administer medication with interventions directed for resident to show competency with use of medication, self-administration of medication form completed to assess for accurate dispersion of medication, nurse will evaluate on a day-to-day basis need to administer medications themselves, and nurse will continue to monitor for side effects of medication. A physician's order dated 2/21/2024 directed patient may self-administer the insulin pump and may may refill pump as scheduled. Review of the clinical record failed to identify that the insulin infusion set was changed at any time during the residents stay at the facility (2/20-2/27/24). The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 had a Brief Interview for Mental Status (BIMS) score of twelve out of fifteen, indicative of moderate cognitive impairment and required supervision/touching assist with activities of daily living. Interview and clinical record review with the DNS on 4/22/24 at 10:47 AM identified that the hospital discharge instructions directed that Resident #1's insulin infusion set was due to be changed on 2/22/2024, and would be due to changed again 2-3 days subsequent yo that (2/24-2/25/24) in accordance with manufacturers guidance, The DNS identified that she did not have clinical documentation to support that the facility or Resident #1 changed insulin the infusion set as per manufacturer's guidance. Review of the I Slim insulin pump manufacturers user guide identified that the insulin infusion set should be changed every 2-3 days.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460 Based on clinical record review, interviews, and facility policy review for reviewed for medication management, the facility failed to ensure facility staff were trained and competent in managing and monitoring a specialized medical device. The findings include: Resident #1's diagnoses included diabetes. An Interdisciplinary Care Plan dated 2/20/2024 identified the resident may self-administer medication (insulin pump) with interventions that directed for resident to show competency with use of medication, self-administration of medication form to be completed to assess for accurate dispersion of medication, nurse will evaluate on a day-to-day basis need to administer medications themselves, and nurse will continue to monitor for side effects of medication. Review of hospital Inter-Agency Patient Referral Report dated 2/20/2024 included progress notes dated 2/20/2024 identified that the patient would remain on the insulin pump (a device that delivers insulin into the body through a device outside of the body) after discharge at the skilled nursing facility. The report further identified that the insulin infusion set (includes the needle that is inserted into the body and the tubing) was due to be changed on 2/22/2024. Insulin pump basal rates (continuous insulin administration) set for varying times of day at varying rates with a total insulin dose of 19.325 units/day, an insulin-sensitivity factor (ISF) setting at 1.35 mg/dl (milligram/deciliter) (measures how much insulin is needed to bring the blood sugar down) throughout the day and an insulin to carb ratio (ICR) (how much insulin is needed to cover carbohydrate intake) setting throughout the day setting at 1:10 grams, Novolog insulin and a blood sugar target range setting of 110 mg/dl throughout the day. A self administration of medications informed consent and assessment dated [DATE] identified that the resident was able to answer all questions about the insulin pump correctly and had a pass on the form, and the resident was deemed capable of self administering the insulin pump. A physician's order dated 2/21/2024 directed patient may self-administer insulin via pump may refill pump as scheduled. The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 had a Brief Interview for Mental Status (BIMS) score of twelve out of fifteen, indicative of moderate cognitive impairment and required supervision/touching assist with activities of daily living. Review of the Monitor for Placement of Insulin Pump and Site Daily form identified that on 2/26/2024 and 2/27/24 the patient was unable to manage the insulin pump, that there were concerns/issues and comments column indicated that the MD was notified, and a one-time dose of insulin was obtained on both days, however, no specifics were noted on what the concerns or issues were with the resident managing h/her insulin pump (the form did not identify what the concerns were) (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview and clinical record review, with LPN #3 on 4/23/2024 at 10:30 AM indicated she had past experience with pumps but could not recall how long ago and was not trained or given education from the facility about Resident #1's pump. Interview and clinical record review with LPN #2, on 4/23/24 at 8:23 AM identified that on 2/27/2024 while she was not the nurse responsible for Resident #1, she was assisting intermittently from 7:30 AM to 9:30 AM. The resident had run out of insulin in the pump on 2/27/24 and she need to fill a new cartridge into Resident #1's insulin pump. She further indicated that she was not trained by the facility on the insulin pump, and she filled and inserted the insulin cartridge utilizing the user manual . Interview and clinical record review, with LPN #3 on 4/23/2024 at 10:30 AM indicated (Resident #1's charge nurse) she had past experience with pumps but could not recall how long ago and was not trained or given education from the facility about Resident #1's pump, if she had difficulty she would refer to the manual. Interview with Director of Nursing on 4/22/2024 at 12:30 PM, identified that staff did not receive training on insulin pumps, but staff could reference the manufacturer instructions that were located in front of the medication cart narcotics book for Resident #1. Review of facility Self-Administration of Medications Policy directed in part, if unable to safely perform this task, the licensed staff, or trained medication aides/technicians, as allowed by State law, will administer medications. Procedure identified: if there is a change in the resident's status re-evaluate his/her ability to continue to self-administration of medications, as this right may be withdrawn if the resident can no longer safely self-administer.