

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Evergreen Center for Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460</b></p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #15) reviewed for abuse, the facility failed to ensure a resident was treated with respect and dignity. The findings include:</p> <p>Resident #15's diagnoses included fractured humerus, heart failure and localized edema. The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #15 was alert and oriented, required maximal assistance for toilet use, and was occasionally incontinent of urine and continent of bowel. The Resident Care Plan (RCP) dated 7/9/2024 identified Resident #15 required assistance with toileting due to recent hospitalization for fractured humerus. Interventions directed assist with ADLs and toileting.</p> <p>A physician's order dated 7/5/2024 directed to Furosemide (diuretic use to treat edema and heart failure) oral tablet 80 mg give one (1) tablet by mouth two times a day for congestive heart failure.</p> <p>Review of facility Reportable Events Form dated 7/13/2024 identified that Resident #15's family member alleged Resident #15 was very upset and stated a NA scolded Resident #15 for ringing the call bell often between 1 AM and 2 AM. Review of NA #1's statement identified that Resident #15 had rang numerous times to use the bathroom, talk and for repositioning. NA #1's statement indicated she had told Resident #15 that she could not keep coming into his/her room for little things like talking. NA #1 indicated that she did not make it down the hallway when Resident #15 was ringing for assistance again, that this time she may have been short when the resident asked for assistance to use the bathroom and she may have been short when she asked Resident #15 if he/she needed anything else. NA #1 further indicated that she had many patients to take care of that night and she may have scolded Resident #15, but she never yelled at the resident. RN supervisor assessed the resident with no injuries noted, and orders were obtained to change the Furosemide administration times.</p> <p>The nurse's note dated 7/23/2024 at 11:10 AM identified that the patient/resident was alert and oriented times 4 (person/place/time/event), and stated I just felt scolded, no injuries, she never hurt me.</p> <p>Review of aide care card identified assist of one (1) for toileting.</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 7/31/2024 on 8:45 AM with Resident #15 identified that the NA on the night of 7/13/2024 was upset with him/her. The NA told Resident #15 that she was working long shifts, and that she was overworked with new arrivals to the unit.</p> <p>Interview, clinical record review and facility documentation review on 7/31/2024 at 10:59 AM with the DNS identified that when she spoke with Resident #15 about the incident that occurred on 7/13/2024, Resident #15 indicated that NA #1 was short with him/her, and the aide had scolded him/her. The DNS indicated that NA #1's statement indicated NA #1 may have been short with Resident #15, but never yelled at him/her, that NA #1 was educated on customer service and placed on a performance improvement plan. Lastly, she indicated that adjustments to Resident #15's medication times resolved the frequent night shift voiding.</p> <p>Interview and facility documentation review with NA #1 on 7/31/2024 at 9:58 AM identified Resident #15 rang multiple times non-stop during the shift on 7/13/2024 to use the bathroom. NA #1 stated when she made comments to Resident #15, she was trying to get across that she can not keep going into the room.</p> <p>Review of the facility Employee Code of Ethics directed in part an employee should treat residents with care, courtesy, respect, and dignity.</p> <p>Review of facility Resident Rights Policy directed in part workforce members protect and safeguard the rights of every resident.</p>		