

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/17/2025
NAME OF PROVIDER OR SUPPLIER  Ludlowe Center for Health & Rehabilitation, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  118 Jefferson Street Fairfield, CT 06825	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>50094</p> <p>Based on clinical record review, facility documentation, and staff interviews for one of three residents (Resident #3) reviewed for medication administration, the facility failed to ensure a physician order was transcribed accurately to ensure a medication was administered in accordance with physician orders. The findings include:</p> <p>Resident #3 had a diagnosis of non-displaced right femur fracture and urinary tract infection. The 5-day admission Minimum Data Set 2/15/23 identified Resident #3 had a Brief Interview for Mental Status (BIMS) score of 11 indicating moderately impaired cognition and received an antibiotic. The Resident Care Plan 2/24/2023 identified Resident #3 received Vancomycin (antibiotic) intravenous medication. Interventions directed to administer medication as ordered, and observe and report signs of infection at the intravenous site.</p> <p>Nursing note dated 3/3/23 at 4:27 PM identified per the infectious disease clinic Resident #3 should receive Vancomycin (antibiotic) every 24 hours until 3/13/2023.</p> <p>Infusion therapy order form dated 3/3/2023 directed to administer Vancomycin 1 gram (gm) every 24 hours until 3/13/2023.</p> <p>Physician order dated 3/3/2023 directed staff to administer Vancomycin 1000 milligrams (mg) intravenous solution every 24 hours until 3/13/2023.</p> <p>Nursing note dated 3/7/2023 at 11:45 AM identified Vancomycin was noted to be on hold. The note further indicated, per Infectious Disease on 3/3/2023, Vancomycin 1 gm was ordered to be administered daily. The physician was updated on the missed doses and an order was obtained to restart the Vancomycin.</p> <p>Facility incident report summary dated 3/21/2023 identified the unit manager working on 3/7/2023 identified the Vancomycin was inadvertently placed on hold on 3/4/2023. The APRN, power of attorney, and infectious disease clinic were notified, new orders were obtained, and no adverse effects resulted from the medication being placed on hold.</p> <p>Review of the medication administration record (MAR) identified Resident #3 did not receive Vancomycin as ordered on 3/3, 3/4, 3/5, and 3/6/2023. The MAR indicated Vancomycin was administered on 3/7/2023.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with RN #2 on 1/17/2025 at 2:52 PM identified she called infectious disease on 3/3/2023 and per infectious disease Resident #3 was supposed to receive Vancomycin every 24 hours until 3/13/2023. RN #2 stated the Vancomycin should have been started either on 3/3 or on 3/4/2023, depending on the time the medication was ordered to start. Interview identified when RN #2 entered the physician order, she entered a start date of 3/7/2023 in error, and she could not explain why the error occurred.</p> <p>Although attempted, and interview with the former DNS was not obtained during the survey.</p> <p>Review of facility Medication Pass Policy dated 9/23/24, directed in part, medications are administered safely and timely per the physician orders.</p>		