

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 09/15/2025
NAME OF PROVIDER OR SUPPLIER Ludlowe Center for Health & Rehabilitation		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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy and interviews for 1 of 4 residents (Resident #76), reviewed for abuse, the facility failed to ensure the resident was free from abuse. The findings include: Resident #76's diagnoses included Dementia, anxiety disorder and adjustment disorder. The revised care plan dated 4/6/24 identified prior resident to resident incident. Interventions included providing emotional support, monitoring changes in mood or behavior, psychiatric follow up etc. The quarterly Minimum Data Set assessment dated [DATE] identified Resident #76 was cognitively impaired, required set-up assistance with bed mobility and was independent in chair to bed mobility and sit to stand. Review of a facility statement dated 11/30/24 at 2:50 PM by Recreation #1 identified as she was charting; Resident #64 began yelling at Resident #76 telling him/her (no) then proceeded to slap Resident 76 in the face on the right side. A progress note dated 11/30/24 at 5:02 PM identified it was mentioned to this social worker that Resident #76 was hit by Resident #64. Both residents have a diagnosis of dementia. Social worker will continue to follow up to monitor mood and behavior. A progress note dated 11/30/24 at 6:59 PM identified Resident #76 was in the recreation room on the 2nd floor when Resident #64 slapped him/her on the right side of the face. Resident #76 did not provoke Resident #64. Both residents have dementia. No injury. Resident #76 denied pain. Observation on 9/8/25 at 12:53 PM identified Resident #76 and Resident #64 were observed in the dining area sitting at separate tables. Interview on 9/12/2025 at 10:03 AM with Recreation #1 indicated Resident #64 assaulted Resident #76. Recreation #1 reported nothing happened prior to agitate the resident and indicated Resident #76 and Resident #64 were separated following the incident. Further, Recreation #1 indicated to her knowledge there were no previous altercations involving Resident #64 and Resident #76. Review of the Abuse Policy indicates each resident has the right to be free from abuse.</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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