

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2025
NAME OF PROVIDER OR SUPPLIER Vernon Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 180 Regan Road Vernon, CT 06066	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for respiratory care, the facility failed to ensure an order was obtained timely for use of a continuous positive airway pressure machine. The findings include:</p> <p>Resident #1's diagnoses included respiratory failure with hypoxia (low oxygen level) and COPD. The admission assessment dated [DATE] identified that Resident #1 was alert and oriented and had a continuous positive airway pressure (CPAP) machine.</p> <p>Nursing Admission Note dated 1/9/2025 at 11:35 PM identified Resident #1 used a CPAP machine and received respiratory treatments.</p> <p>The Resident Care Plan (RCP) dated 1/9/2025 identified Resident #1 had a care plan for cardiopulmonary symptoms. Interventions directed to administer medications as ordered, monitor for change in breathing pattern and lung sounds, and oxygen saturation every shift.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 was alert and oriented, and used oxygen and a CPAP machine.</p> <p>Review of APRN's note dated 1/10/2025 at 8:12 AM identified Resident #1 received oxygen and used a CPAP machine at night.</p> <p>The admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 was alert and oriented, and used oxygen and a CPAP machine.</p> <p>Record review failed to identify a physician order for the use of a CPAP machine.</p> <p>Interview and record review with the DNS on 2/3/2025 at 1:55 PM, identified the DNS was unable to provide documentation to reflect that facility had an order for CPAP machine use. She further indicated that the facility Noninvasive Ventilation policy directed that the facility obtain an order for the use of CPAP and that a physician order should have been obtained for the use of the CPAP machine. Interview failed to identify why an order was not obtained.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility Noninvasive Ventilation Policy directed in part, to provide noninvasive ventilation per physician orders. The facility will obtain an order for the use of CPAP device and settings from the practitioner.</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for respiratory care, the facility failed to ensure the clinical record was complete and accurate to include physician notification of a weight gain. The findings include:</p> <p>Resident #1's diagnoses included heart failure. The admission assessment dated [DATE] identified Resident #1 was alert and oriented, and received diuretics.</p> <p>The Resident Care Plan (RCP) dated 1/9/2025 identified Resident #1 had a care plan for cardiopulmonary symptoms. Interventions directed to monitor weight gain and edema, and notify MD/APRN.</p> <p>A physician order dated 1/13/2025, directed CHF protocol: daily weights, document scale, notify in the morning of weight gain of greater than three (3) pounds in 24 hours or greater than five (5) pounds in one week, one time a day for CHF monitoring document weight in PCC (electronic medical record).</p> <p>Review of Weights and Vitals Summary form identified Resident #1 had an increase gain of 4.6 pounds between 1/19 and 1/20/2025.</p> <p>Review of nursing notes failed to identify the physician/APRN were notified of the weight gain documented on 1/20/2025, in accordance with physician orders.</p> <p>Interview, clinical record review on 2/3/2025 at 2:44 PM with APRN #1 identified she was notified on 1/20/2025 of Resident #1's weight gain identified on 1/20/2025.</p> <p>Interview and record review on 2/3/2025 at 1:55 PM with the DNS identified Resident #1 had a weight gain of 4.6 pounds from 1/19 to 1/20/2025 and that the physician order directed to notify the provider of a gain of greater than three (3) pounds in 24 hours. The DNS indicated that although Resident #1's weight gain was reviewed by the APRN on 1/21/2025, and a nursing note should have been written, she was unable to provide documentation that the physician or APRN were notified on 1/20/2025.</p> <p>Although requested, the facility did not provide a policy on heart failure management.</p> <p>Review of facility Documentation in Medical Record policy directed in part, each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information through complete, accurate and timely documentation. Documentation shall be completed at the time of service.</p>