

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Southington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 45 Meriden Ave Southington, CT 06489	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, and interviews for one (1) of three (3) sampled residents (Resident #1) reviewed for missing personal property, the facility failed to protect a resident from misappropriation of property when Resident #1's credit card was removed from the resident's wallet by a staff member and used to make unauthorized purchases. The findings include: Resident #1's diagnoses included dementia, multiple rib fractures, and muscle weakness. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had some short and long-term memory recall deficits. The Facility Reported Incident form dated 9/29/25 identified Resident #1's family member reported to the facility unknown charges appeared on Resident #1's credit card statement for purchases made out in the community, which were not made by Resident #1 nor made on behalf of Resident #1. The investigation identified Resident #1's credit card was missing from Resident #1's wallet, which was stored in a drawer in Resident #1's room and unauthorized purchases were made to the card out in the community from 8/12/25 through 9/26/25. Through the police investigation, video footage of the staff member was provided to the facility, and the facility was able to identify the employee. Review of the employee's personal file nurse aide, Nurse Aide (NA) #1, identified NA #1 wasterminated 9/29/25. Interview and review of the Facility Reported Incident form with the Administrator on 12/3/25 at 11:00 AM indicated he was the person responsible for the investigation and was first notified of the unauthorized purchases made between 8/24/25 through 9/21/25 to Resident #1's credit card on 9/29/25 by Resident #1's family. The Administrator identified the investigation determined the credit card had been stored in Resident #1's wallet in an unlocked drawer in the resident's room and a specific nurse aide, Nurse Aide (NA) #1, was able to access the card. The Administrator identified NA #1 was not permitted back to the facility following the incident. Review of the facility Abuse, Neglect, Mistreatment, Exploitation, and Misappropriation of Resident Property policy, dated 2/17/20, defined misappropriation of resident property as the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent, and directed misappropriation of resident property was prohibited and that all residents had the right to be free from misappropriation of property.</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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