

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Silver Springs Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 33 Roy St Meriden, CT 06450	
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)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, review of facility documentation, facility policies, and interviews for one (1) of two (2) sampled residents (Resident #1) who had a family member as the Responsible Party and the Responsible Party managed Resident #1's finances, the facility failed to ensure an applied income payment (payment for services not covered by insurance) to the facility from Resident #1 dated 3/9/26 was not deposited into a staff member's personal banking account. The findings include: Resident #1's diagnoses included dementia, psychotic disturbance, mood disturbance, anxiety, bipolar disorder and muscle weakness. The admission Record identified a family member was Resident #1's Responsible Party and Power of Attorney. The annual Minimum Data Set assessment dated [DATE] identified Resident #1 had poor memory recall. The Resident Care Plan dated 2/18/26 identified Resident #1 had a diagnosis of dementia, and may need cues, reminders, prompting, and redirection. The facility Reportable Event form dated 4/13/26 at 12:00 PM identified the business office manager reported a check, with Resident #1's name, was signed by a nurse aide, Nurse Aside (NA) #1 and mobile deposited into the nurse aide's personal banking account. The business office manager's written statement dated 4/13/26 identified she received a call from Resident #1's family member regarding a lost check (check number 1252 dated 3/9/26) he/she dropped off at the facility in March and the check did not get to the business office. Typically, the family member would give the check to the receptionist, and the check was placed in the business office mailbox. The statement indicated the family member denoted as the Responsible Party reported the check was deposited via mobile deposit. The statement identified the business office manager requested a copy of the check which Resident #1's family member forwarded and found there was a signature on the check, she went to Human Resource (HR) to verify the signature, spoke with the administrator who also verified the signature with Human Resource (HR) and found the name and signature on the check matched that of NA #1. The statement identified the police and family member were notified. Review of the grievance report dated 4/14/26 identified an allegation was submitted that a staff member cashed a resident's check which was made out to the facility. Interview with the business office manager on 4/29/26 at 1:00 PM identified the normal procedure when a family member brings in an applied income check was the receptionist would put the check in the business office mailbox slot (unsecure) where the check was then collected by the business office. The business office manager identified NA #1 had covered the reception desk in the past and NA #1 was aware of the procedure for placing checks in the mailbox. The business office manager identified once she was made aware of the missing check, she asked Resident #1's family member to forward her a copy of the check. The business office manager explained once she received the copy of the signed check, she found NA #1's signature was present on the back of the check, she then brought the check to HR to verify the signature against NA #1's signature on file, found the signatures matched, and she also had the administrator verify the match as well. Interview with the administrator on 4/29/26 at 2:13 PM identified once it was reported to her that the check had allegedly been misappropriated, she immediately notified the police and initiated an investigation. The administrator identified the signature was verified and through the investigation, it was found that NA #1's banking account numbers on file matched the account numbers on the (continued on next page)		

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>deposited check and found that NA #1 did misappropriate Resident #1's applied income check and was therefore terminated. The administrator identified the facility policy on abuse, which included misappropriation of resident funds, was not acceptable and any allegation was investigated and if substantiated, the staff member would be terminated. Review of the facility policy titled Abuse, last reviewed 1/28/26, directed, in part, abuse, neglect, exploitation, and or mistreatment of residents or misappropriation of resident property is prohibited. The policy further directed, in part, misappropriation is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent.</p>		