

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Ark Healthcare & Rehabilitation at Governor's Hous		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Firetown Rd Simsbury, CT 06070	

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 0550</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>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41223</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for two of three residents (Resident #1 and 2) reviewed for abuse, the facility failed to ensure the resident was treated with respect and dignity. The findings include:</p> <p>a. Resident #1 was admitted to the facility with diagnoses that included intellectual disability, autism, and anxiety. An admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 1/12/2025 identified Resident # 1 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderately impaired cognition, and required set-up assistance for eating. The Resident Care Plan (RCP) dated 1/17/2025 identified Resident #1 required assistance for activities of daily living (ADLs) due to intellectual disability and had behaviors such as impulsiveness and screaming at staff. Interventions directed to encourage independence with ADLs and assist as needed.</p> <p>A facility reportable event (RE) form dated 3/11/2025 at 10:00 AM identified an allegation of staff-to-resident abuse without injury. NA #2 reported an incident that occurred on 3/3/2025 (8 days prior) at 12:30 PM in the dining room, where NA #1 had shouted and thrown a cup of juice at Resident #1.</p> <p>The facility RE report summary dated 3/14/2025 identified on 3/11/2025, NA # 2 reported that NA #1 shouted at Resident #1 and threw a cup of juice at the resident during lunch on 3/3/2025. An RN assessment identified no evidence of visible injuries. NA #1 denied yelling at the resident or throwing the glass of juice. NA #1 stated when she handed the resident a glass of juice in a plastic cup, Resident #1 squeezed the cup causing the juice to spill on table and on NA #1's clothing and shoes. NA #1 reported that she said oh my God loudly because she was soaked by the spilled orange juice. Staff interviews identified Resident #1's clothing was not wet, and the allegation of abuse was unsubstantiated.</p> <p>Interview and review of his facility statement with NA #2 on 3/26/2025 at 9:53 AM identified that during lunch on 3/3/2024 around 12:30 PM, he observed the interaction between Resident #1 and NA #1. He stated Resident #1 did not want to eat, despite continued verbal reinforcement from NA #1, and NA #1 was loudly telling the resident to eat, and began yelling at Resident #1. NA #1 then picked up Resident #1's cup of juice and threw the juice in Resident #1's face while making a comment that she could no longer take any more s***. NA #1 then left the dining room and NA #2 cleaned up the juice.</p> <p>NA #1 was unavailable for interview during survey.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Ark Healthcare & Rehabilitation at Governor's Hous		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Firetown Rd Simsbury, CT 06070	
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 0550</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>Interview with the DON on 3/27/2025 at 12:10 PM identified the facility did not substantiate the allegation as there were no other witnesses, and stated NA #2 may not have had a clear view of the interaction.</p> <p>b. Resident #2 was admitted with diagnoses that included pressure-induced tissue damage of the right and left heels, and depression. The Resident Care Plan (RCP) dated 1/3/2025 identified Resident #2 declined showers at times and had pressure injuries. Interventions directed to provide a full bed/sponge bath if shower was refused and treatments as ordered. A 5-day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated moderately impaired cognition, and required maximal assistance for personal hygiene.</p> <p>A facility reportable event (RE) form dated 3/14/2025 at 9:00 AM identified an allegation of staff-to-resident abuse without injury: Resident #2 reported that on 3/13/2024 at 6:00 PM, a NA told her that he/she stank.</p> <p>A facility RE summary dated 3/14/2025 identified Resident #2 reported to LPN #3 (11:00 PM -7:00 AM nurse) that a NA on the previous shift had offended her/him because the NA said that Resident #2 and his/her room stank. Resident #2 could not identify the staff member, and reported the NA was taking the dinner tray out of the room that contained a cup with a protein supplement left in it that Resident #3 wanted to finish. Resident #2 asked the NA to leave it on his/her overbed table. Resident #3 identified that the NA began to scream at him/her, verbalizing that Resident #2 was accusing her of stealing something and that she would never steal anything from Resident #2 because Resident #2 smelled and everything in the room smelled. The Facility identified the tray was removed by NA #5 and that NA #5 had told Resident #2 she did not take anything from the room. The summary indicated NA #5 did tell LPN #2 at the nurse's station that the room was smelly.</p> <p>Interview on 3/26/2025 at 1:50 PM with LPN #2 identified on 3/13/2025 she could see into Resident #2's room from the nurse's desk, and she observed NA #5 remove the dinner tray from Resident #2's room. LPN #2 stated as NA #5 was leaving the room with the tray, Resident #2 said NA #5 had taken something, and NA #5 replied she did not take anything and left the room. As NA #5 walked past LPN #2 she said that she wouldn't take anything from Resident #2's stinking room. LPN #2 stated she did not think Resident #2 could hear the comment, and Resident #2 called out a name at NA #5. LPN #2 stated there were no other issues during the shift and Resident #2 appeared to be at his/her baseline mood.</p> <p>Interview on 3/27/2025 at 9:47 AM with LPN #3 identified Resident #2 reported the allegation to him on 3/14/2025 about 5 AM, and Resident #2 expressed he/she knew the room smelled from his/her wounds. LPN #3 notified the supervisor of the allegation.</p> <p>Interview with NA #5 on 3/27/2025 at 10:56 AM identified on 3/13/2025 Resident #2 was sleeping when she went into the room for the dinner tray, and she asked LPN #2 if it was okay to take the tray. LPN #2 told her to take the tray and as she was leaving the room with the tray, Resident #2 asked her if she took something. NA #5 stated she did not respond but LPN #2 responded to Resident #2 that the dinner tray was being taken out of the room. NA #5 stated when she was in the hallway and thought Resident #2 could not hear, she said out loud, that of all the places, she'd never take anything from that smelly room. NA #5 indicated she knew she should not have said it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Ark Healthcare & Rehabilitation at Governor's Hous		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Firetown Rd Simsbury, CT 06070	
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 0550</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>Interview with the DON on 3/27/2025 at 12:10 PM, identified NA #5 did not intend for Resident #2 to hear the comment, and the comment was disrespectful. The DON stated NA #5 should not have made the comment, even if she thought the resident could not hear; it was disrespectful and was poor customer service.</p> <p>The facility policy Residents Rights dated 2/2021, directed in part, that residents have the right to be treated with respect, kindness and dignity.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Ark Healthcare & Rehabilitation at Governor's Hous		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Firetown Rd Simsbury, CT 06070	
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 0609</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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>41223</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for abuse, the facility failed to ensure staff reported an allegation of abuse timely. The findings include:</p> <p>Resident #1 was admitted to the facility with diagnoses that included intellectual disability, autism, and anxiety. An admission Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 1/12/2025 identified Resident # 1 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderately impaired cognition, and required set-up assistance for eating. The Resident Care Plan (RCP) dated 1/17/2025 identified Resident #1 required assistance for activities of daily living (ADLs) due to intellectual disability and had behaviors such as impulsiveness and screaming at staff. Interventions directed to encourage independence with ADLs and assist as needed.</p> <p>A facility reportable event (RE) form dated 3/11/2025 at 10:00 AM identified an allegation of staff-to-resident abuse without injury. NA #2 reported an incident that occurred on 3/3/2025 (8 days prior) at 12:30 PM in the dining room, where NA #1 had shouted and thrown a cup of juice at Resident #1.</p> <p>The facility RE report summary dated 3/14/2025 identified on 3/11/2025, NA # 2 reported that NA #1 shouted at Resident #1 and threw a cup of juice at the resident during lunch on 3/3/2025. An RN assessment identified no evidence of visible injuries. NA #1 denied yelling at the resident or throwing the glass of juice. NA #1 stated when she handed the resident a glass of juice in a plastic cup, Resident #1 squeezed the cup causing the juice to spill on table and on NA #1's clothing and shoes. NA #1 reported that she said oh my God loudly because she was soaked by the spilled orange juice. Staff interviews identified Resident #1's clothing was not wet, and the allegation of abuse was unsubstantiated.</p> <p>Interview and review of his facility statement with NA #2 on 3/26/2025 at 9:53 AM identified that during lunch on 3/3/2024 around 12:30 PM, he observed the interaction between Resident #1 and NA #1. He stated Resident #1 did not want to eat, despite continued verbal reinforcement from NA #1, and NA #1 was loudly telling the resident to eat, and began yelling at Resident #1. NA #1 then picked up Resident #1's cup of juice and threw the juice in Resident #1's face while making a comment that she could no longer take any more s***. NA #1 then left the dining room and NA #2 cleaned up the juice. NA #1 stated he continued working the remaining shift and did not report the observation to any other staff on 3/3/2024 because he was new to the unit and felt uncomfortable. NA #2 stated he called NA #4 a few days later and informed NA #4 of the observation, and NA #4 encouraged him to report the incident to the DON. NA #2 stated his next shift was on 3/11/2025 and her notified the DON then. NA #2 stated he should have reported the observation when he witnessed it.</p> <p>Interview and review of her facility statement with NA #4 on 3/26/2024 at 11:38 AM identified when NA #2 informed her of the incident that occurred on 3/3/2025, she encouraged him to report it. NA #4 thought NA #2 reported it, but realized on 3/11/2025 when she heard NA #4 asking to the scheduler to not schedule him on Resident #1's unit, she realized he had not reported the incident and she brought NA #2 to the DON to report the incident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Ark Healthcare & Rehabilitation at Governor's Hous		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Firetown Rd Simsbury, CT 06070	

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 0609</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>NA #1 was unavailable for interview during survey.</p> <p>Interview with the DON on 3/27/20245 at 12:10 PM identified NA #2 should have reported the incident immediately when he observed it on 3/3/2025. Further, NA #4 should have also reported the incident when NA #2 had informed her.</p> <p>The facility Abuse, Resident Policy dated 7/23/2023 directed in part, anyone witnessing and/or having knowledge of abuse or mistreatment of any kind towards a resident will report the incident immediately to the supervisor, DON and Administrator.</p>