

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Lord Chamberlain Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7003 Main Street Stratford, CT 06614	

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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41682</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 the State Agency was notified timely of an allegation of abuse (injury of unknown origin). The findings include:</p> <p>Resident #1's diagnoses included Alzheimer's disease, dementia and osteoporosis.</p> <p>The Resident Care Plan (RCP) dated 12/23/2024 identified Resident #1 had osteoporosis with an increased risk for spontaneous fracture and pain. Interventions directed handle gently, and observe and support extremities during transfer and care. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of ninety-nine (99), indicative of not being able to complete the interview and required assistance of one (1) person assistance for ADLs (activities of daily living).</p> <p>A nursing note dated 2/16/2025 at 8:00 PM written by RN #1 identified at beginning of shift the charge nurse reported Resident #1 had leg pain. Resident #1 was sitting in his/her wheelchair and guarding of the left leg. Resident #1 was able to move the right leg but could not move the left leg.</p> <p>A nursing note dated 2/16/2025 at 4:32 PM by LPN #1 identified Resident #1 complained of pain/discomfort to left leg with new orders obtained for x-rays of the left knee, hips bilaterally with pelvis, 3-4 views. The results were received, and the RN Supervisor was notified of results. Resident #1 will be sent to the hospital for further evaluation/treatment.</p> <p>Record review identified x-ray results dated 2/16/2025 at 3:39 PM indicated a left hip acute sub capital fracture.</p> <p>Review of State Agency FLIS Events Report Tracking System identified on 2/21/2025 at 9:15 AM (5 days after the fracture was identified) the facility submitted a reportable event to notify the State Agency of Resident #1's injury of unknown origin. Additional review identified the facility report was classified as a Class B event.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with DON on 3/5/2025 at 3:00 PM identified the facility did not report the allegation of injury of unknown origin to the State Agency within two (2) hours related to the event. The DON stated the facility investigation identified there was no abuse; she spoke with MD #2 and concluded the injury was naturally occurring and ruled out abuse. The interview failed to identify that abuse was ruled out within two (2) hours of the fracture being identified.</p> <p>Review of the facility undated Abuse Prevention Policy directed in part, any allegation of occurrence of an injury of unknown origin will be reported immediately, but no later than within two (2) hours of the allegation or occurrence to the Department of Public Health (DPH).</p>