

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075345	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Apple Rehab Cocomo		STREET ADDRESS, CITY, STATE, ZIP CODE 33 Cone Ave 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)
<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on observations and interviews for one (1) sampled resident (Resident #1) who had reported the television remote controls were in disrepair, the facility failed to act on the grievance and replace the television remote control. The findings include:</p> <p>Observations during a tour of the resident units on 2/14/25 at 1:15 PM identified Residents' #1, #4, and #5 television remote controls had missing pieces to the back or had been taped together.</p> <p>Interview with Residents #1, # 4, and #5 identified they had reported to several staff members that their television remote control boxes were broken or had missing pieces, and they were told the controls were working and there were no other control boxes available.</p> <p>In an interview on 2/14/25 at 1:45 PM with the Regional Director of Maintenance identified he was unaware there were either broken television remote controls, ones with missing pieces, or why some were held together with tape and could not identify why the remote controls had not been replaced. The Regional Director of Maintenance stated he was unable to locate the maintenance logbook to identify if the remote controls had been addressed and he would conduct an audit and identify any further issues with the remotes. The Regional Director of Maintenance identified through an audit that 15 of 100 remote controls were either taped or had a piece to the back of the remote missing and he was placing an order to replace all the remotes.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>Based on clinical record reviews, facility documentation, facility policies and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for intravenous antibiotic therapy, the facility failed to secure an order to flush the intravenous line to ensure the entire dose of medication was administered. The findings include:</p> <p>Resident #1's diagnosis included bilateral ankle osteomyelitis, an infection of the bone.</p> <p>A physician's order dated 1/24/25 directed to administer ceftriaxone 2 Grams intravenously one (1) time a day and to flush the lumen with 10 milliliters (ml) before medication and 10ml after medication then 3ml of Heparin.</p> <p>The Advanced Practice Registered Nurse acceptance note dated 1/25/25 identified Resident #1 was alert and oriented to person, place, and time and was admitted for continued intravenous antibiotic therapy.</p> <p>Review of the January 2025 Medication Administration Records failed to reflect an order to flush the intravenous tubing after the ceftriaxone was administered to ensure Resident #1 received the full dosage of antibiotics had been obtained until 1/27/25.</p> <p>A physician's order dated 1/27/25 directed to infuse 50 ml of saline with IV antibiotics every day shift.</p> <p>Interview with Resident #1 on 2/14/25 at 9:55 AM identified on three (3) separate occasions, 1/25/25, 1/26/26, and 1/27/25, although the IV tubing had medication in it, the tubing was discarded by nursing, resulting in him/her not receiving the entire dosage. Resident #1 stated his/her responsible party had brought this to the attention of the Director of Nursing (DON). Resident #1 stated on day four (4) the nurses were in fact flushing the line to ensure the full dose was administered.</p> <p>Interview with the DON on 2/14/25 at 11:35 AM identified she spoke to Resident #1's responsible party over the concern that the full dose of antibiotic had not been infused on three (3) separate occasions. The DON stated she spoke to the pharmacy and that a secondary set was recommended, or increase the amount infused on the pump. The DON stated the facility does not run secondary infusions or flush the IV tubing at the end of the infusion.</p> <p>Interview with the Pharmacist (RPH) on 2/14/25 at 11:53 AM identified she spoke with the DON and recommended a secondary set for administration or flush the line to ensure Resident #1 received the full ordered dose, and there was no extra fluid in the medication bag. The RPH identified 12ml of medication not flushed through the tubing equaled 24% of the medication or 480mg out of 2000mg not infused, over three (3) consecutive days a total of 1440mg of medication had not been infused.</p> <p>Medication Administration policy identified all medications shall be administered safely and accurately in accordance with physician orders, facility protocols, and applicable state and federal regulations.</p>		