

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2025
NAME OF PROVIDER OR SUPPLIER  Suffield House Rehabilitation and Healthcare Cente		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Canal Road Suffield, CT 06078	

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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2025
NAME OF PROVIDER OR SUPPLIER  Suffield House Rehabilitation and Healthcare Cente		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Canal Road Suffield, CT 06078	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, facility documentation review, facility policy review, and interviews for two of four residents (Resident #2 and #3) reviewed for abuse, the facility failed to ensure the State Agency was notified timely when the facility had knowledge of an allegation of mistreatment and an injury of unknown origin. The findings include: Based on clinical record review, facility documentation review, facility policy review, and interviews for two of four residents (Resident #2 and #3) reviewed for abuse, the facility failed to ensure the State Agency was notified timely when the facility had knowledge of an allegation of mistreatment and an injury of unknown origin. The findings include: Resident #2's diagnoses included heart failure and atrioventricular heart block. The admission Minimum Data Set (MDS) assessment dated [DATE] identified Resident #2 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen, indicative of no cognitive impairment and required substantial/maximal assistance with bathing and lower body dressing, partial/moderate assistance with bed mobility, toilet hygiene, transfers, ambulation and wheelchair use. The Resident Care Plan (RCP) dated 11/4/2025 identified Resident #2 had self-care deficit, interventions directed ADLs, bed mobility with assist of one (1), and transfers with assist of one (1) with four-wheeled walker. A physician order dated 10/29/2025 directed Plavix oral tablet 75 mg (milligrams) (Clopidogrel Bisulfate - antiplatelet medication used to prevent blood clots) give one (1) tablet by mouth one time a day for heart failure, atrial fibrillation and coronary artery disease, and Aspirin EC (enteric coated) tablet delayed release one (1) tablet one time a day for heart failure and atrial fibrillation. Nursing note (late entry by the ADNS) dated 11/10/2025 at 3:15 PM identified Resident #2 was noted to have a discolored area on the back of the left upper arm that measured 22.5 centimeters (cm) (8.8 inches) by 10 cm (3.9 inches). Resident #2 was unaware of the discolored area, denied pain, appropriate parties were notified and an order was placed to monitor (the area). APRN note dated 11/10/2025 at 8:30 AM identified Resident #2 was seen for significant discoloration on the back of the left bicep (upper arm) that is trending to the elbow, combination of petechiae, purpura (purple or reddish spots on the skin caused by blood leaking from small vessels, appearing as bruises that don't fade when pressed and can range from tiny dots (petechiae) to larger patches) and ecchymosis (bruising), no pain at site, warm and dry elsewhere, turgor normal, likely due to dual antiplatelet therapy with aspirin and Plavix, follow up with cardiologist next week. Review of skin assessment dated [DATE] indicated Resident #2 had a discolored area 22.5 centimeters (cm) (8.8 inches) by 10 cm (3.9 inches) to left elbow. Review of anonymous photos provided to surveyor identified the back of Resident #2's left arm was noted to be dark purple covering the entire back of the arm from just below the deltoid (top of the arm muscle) to below the elbow, and encompassed the entire width of the arm. Review of facility requested list of accident/incidents (A &amp; I) provided on 12/22/2025, dated from 11/4/2025 to 12/15/2025 failed to include any incident reporting for Resident #2. Review of CT's Department of Health's FLIS Events Report Tracking System identified the facility failed to identify the State Agency was notified of the allegation on 11/10/2025 of rough care and new bruising measuring 22.5 cm x 10 cm to the left elbow. Interview, record review on 12/22/2025 at 1:03 PM with PTA #1 identified when she was working with Resident #2 on 11/10/2025, she noted the resident had a big dark bruise on his/her arm and she reported it to the ADNS and supervisor. PTA #1 stated Resident #2 had told her the night girl was a little rough, did not know her name, but implied it was an aide. PTA #1 stated she notified the ADNS/ nursing supervisor and her supervisor that Resident #2 had stated someone was kinda rough. On 12/22/2025 at 11:59 AM interview and record review with the ADNS identified Resident #2 was working with Physical Therapy Aide (PTA #1) on 11/10/2025 when the ADNS and LPN #2 saw the back of the Resident #2's arm as PTA #1 walked Resident #2 past them. The ADNS stated she spoke with PTA #1 who indicated during the therapy session PTA #1 observed the whole back of Resident #2's arm was dark purple. Resident #2 denied pain, and Resident #2 stated to the ADNS that someone had been rough with him/her and they grabbed his/her arm hard when weighing him/her. The ADNS stated weights are obtained by the overnight staff. The ADNS stated although the allegation of rough treatment was made by Resident #2 on 11/10/2025, she completed an incident report on 11/12/2025 (two days after the allegation) and gave it to the DNS who completed the investigation. Further, the ADNS stated she should have completed the incident report when Resident #2 made the allegation of rough care on 11/10/2025 and stated the State Agency should have been notified. Interview failed to identify why the incident report was completed two (2) days after the allegation. The ADNS stated she did not notify the State</p>		