

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Advanced Center for Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 169 Davenport Avenue New Haven, CT 06519	

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>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** 43184</p> <p>Based on clinical record reviews, facility documentation, facility policy and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for resident rights, the facility failed to ensure Resident #1 was treated with dignity and respect. The findings include:</p> <p>Resident #1's diagnoses included chronic pulmonary edema, depression, anxiety and chronic pain.</p> <p>The quarterly Minimum Data Set assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #1 was alert and oriented to person, place, and time and received an antidepressant medication.</p> <p>The Resident Care Plan dated 1/16/25 identified Resident #1 exhibited behavioral symptoms of being verbally and physically abusive, refusal of care, delusions, hallucinations, aggression, psychiatric conditions, and was a risk of injury to self or others.</p> <p>Interventions directed to approach in a calm and consistent manner, for refusals of care re-approach resident at another time, monitor any changes in mood or behavior and report to the physician, provide resident the opportunity to express feelings through one to one and group visits, and use the resident's name and explain the purpose upon approach.</p> <p>The social services note dated 1/21/25 at 11:04 AM identified Resident #1 reported to the social worker an alleged incident with a staff member the previous day, 1/20/25 and Resident #1 stated he/she did not report the incident until now. The note identified a statement was taken, the Director of Nursing was notified, and an investigation was pending.</p> <p>The Facility Reportable Incident form dated 1/21/25 at 9:30 AM identified on 1/20/25 at approximately 4:00 PM Resident #1 was verbally disruptive during the recreational activity, the recreational aide became upset and allegedly when she walked away told Resident #1 to shut the f*** up. The report indicated Resident #1 overheard the recreational aide but did not report the incident. The investigation identified the recreation aide admitted to cursing at Resident #1 and was terminated from employment</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the recreation aide on 2/13/25 at 10:27 AM identified on 1/20/25, during the bingo program, Resident #1 called bingo, but after looking at Resident #1's bingo card, she told Resident #1 he/she did not have a bingo. The recreation aide identified at that time Resident #1 began yelling at her which provoked her into frustration and when she walked away from Resident #1, she did curse, it was not at Resident #1, but about the incident. The recreation aide identified the facility policy directs each resident was to be treated with dignity and respect.</p> <p>The interview with the Therapeutic Recreation Director (TRD) on 2/13/25 at 11:21 AM identified that she did not witness the incident between Resident #1 and the recreation aide, but she was in the room, heard an escalation of voices and went to investigate where it was coming from. The TRD indicated she advised the recreation aide to leave the area, and then she spoke to Resident #1 who explained what happened. The TRD identified that she did not hear the recreation aide use curse words but heard from Resident #1 that she had. The TRD identified the facility policy was that all residents are always treated with dignity and respect, no matter what the situation was.</p> <p>Interview with the Social Worker (SW) #1 on 2/13/25 at 12:35 PM identified on 1/21/25 Resident #1 reported to her that on 1/20/25 during bingo, after Resident #1 called out bingo, there was some confusion about who had bingo and Resident #1 and the recreation aide argued about it and when the recreation aide walked away, she cursed. SW #1 identified Resident #1 stated he/she told the recreation aide to have respect for your elders. SW #1 identified she followed Resident #1 after the incident and Resident #1 had no ill effects.</p> <p>Interview with the Director of Nursing (DON) on 2/13/25 at 12:40 PM identified it was reported to the social worker by Resident #1 that the recreation aide had cursed at Resident #1. The DON identified during the investigation, the recreation aide did admit to cursing regarding the incident between Resident #1 and herself. The DON identified the recreation aide was terminated. The DON identified facility policy directs all residents are to be treated with dignity and respect and it was the responsibility of all staff to ensure this policy is carried out.</p> <p>Review of the facility policy titled Resident Rights, last revised 4/4/18, directed, in part, it is the policy to provide care and services in accordance with the Resident [NAME] of Rights as outlined by the Federal Nursing Home Reform Law. The policy further directed, in part, each resident has the right to be treated with consideration, respect and full recognition of their dignity and individuality.</p>		