

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2024
NAME OF PROVIDER OR SUPPLIER Sheriden Woods Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Stonecrest Drive Bristol, CT 06010	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50059</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 an allegation of mistreatment, the facility failed to treat the resident in a dignified and respectful manner. The findings include:</p> <p>Resident #1's diagnoses included knee replacement, difficulty walking, and pain.</p> <p>The admission Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place, and time and required substantial/maximal assistance with personal hygiene, transferring in and out of the bed and chair and dressing, was frequently incontinent of urine and always incontinent of stool.</p> <p>The Resident Care Plan dated 10/21/24 identified Resident #1 was incontinent of bowel and bladder. Interventions directed to provide incontinent care every two (2) hours, provide privacy and dignity while providing care, and offer bedpan and toileting assist every two (2) hours.</p> <p>The nurse's note dated 11/12/24 at 12:44 PM identified Resident #1 brought up an allegation of verbal abuse involving a staff member during a follow-up interview with the Nursing Supervisor and Social Worker.</p> <p>The Reportable Event Form dated 11/12/24 at 8:45 AM identified Resident #1 reported to the Nursing Supervisor and Social Worker that a staff member during the previous week got upset and was screaming at him/her when he/she was incontinent. The report indicated the staff member was throwing things all over Resident #1's side of the room and the staff member did not help Resident #1 back to bed after cleaning Resident #1. The report identified Resident #1's roommate was a witness to the incident.</p> <p>The investigation identified Resident #1 stated a 3-11PM nurse aide, Nurse Aide (NA) #1, was rude, did not have the best bedside manners and yelled at him/her. Review of the conclusion of the investigation identified NA #1 was terminated.</p> <p>In an interview with the Director of Nursing (DON) on 11/22/24 at 10:00 AM identified Resident #1 stated NA #1 yelled at him for soiling him/herself. The DON stated Resident #1 said NA #1 was rude and mean to him/her.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with NA #1 on 11/22/24 at 11:43 AM she identified she answered Resident #1's call light, he/she had been incontinent, yelling that it took too long to help him/her. NA #1 stated Resident #1 was yelling at her, so she called the nurse in to talk to him/her, the charge nurse spoke to Resident #1, and I finished providing care.</p> <p>Interview with the 3-11PM charge nurse, Licensed Practical Nurse (LPN) #1, on 11/22/24 at 11:52 AM on the evening of the incident (she could not remember the exact date) identified NA #1 came to her stating Resident #1 was upset and yelling. LPN #1 stated she had spoken to Resident #1 and Resident #1 stated NA #1 had been yelling at him/her because he/she had been incontinent.</p> <p>Although attempted, interviews with Resident #1 and Resident #4 were not obtained.</p> <p>Review of the Residents Rights Policy dated 7/2021 identified you have the right to be treated with consideration, respect and full recognition of your dignity and individuality.</p>		