

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 02/26/2025
NAME OF PROVIDER OR SUPPLIER Sheriden Woods Health Care Center Inc		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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policy and interviews for one of three sampled residents (Resident #1), the facility failed to ensure a comprehensive care plan to include known smoking incidents. The findings include:</p> <p>Resident #1's diagnoses included chronic obstructive pulmonary disease and nicotine dependence. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen (15/15), indicative of being cognitively intact and was independent for mobility with a wheelchair.</p> <p>The Resident Care Plan (RCP) dated 6/12/24 identified Resident #1 had a smoking history. Interventions directed to instruct about the facility smoking policy, smoking materials locked in the medication room, offer nicotine patch and address smoking cessation.</p> <p>Clinical record review of the nursing progress notes identified the following:</p> <p>a.</p> <p>Nursing note dated 7/18/2024 at 10:28 PM identified Resident #1 stated he/she had a lighter and a pack of cigarettes (with 11 cigarettes total) in his/her pocket. The items were removed and secured, and Resident #1 refused a room search.</p> <p>b.</p> <p>Nursing note dated 7/28/2024 at 10:49 AM identified Resident #1 was observed in front of the building smoking a cigarette. Resident #1 returned to the facility and went to his/her room.</p> <p>c.</p> <p>Nursing note dated 9/19/2024 at 11:12 AM identified Resident #1 observed smoking cigarettes outside, was educated that he/she cannot smoke while using a nicotine patch. Resident #1 requested to place the nicotine patch on hold.</p> <p>Record review failed to identify the care plan was updated to include the incidents noted on 7/18, 7/28, and 9/19/2024.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview and clinical record review with the ADON on 2/26/2025 at 3:20 PM identified the facility did not revise Resident #1's care plan to reflect the incidents noted 7/18, 7/28, and 9/19/2024. The ADON stated his expectation was that the resident's care plan should have been updated to reflect those incidences and include new interventions to prevent recurrence.</p> <p>Although requested, the facility was unable to provide a policy related to reviewing and revising a comprehensive care plan.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, facility documentation, facility policy and interviews for one of three residents (Resident #1), reviewed for accidents, the facility failed to ensure known resident smoking incidents were investigated timely. The findings include:</p> <p>Resident #1's diagnoses included chronic obstructive pulmonary disease and nicotine dependence. The quarterly Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of fifteen out of fifteen (15/15), indicative of being cognitively intact and was independent for mobility with a wheelchair.</p> <p>The Resident Care Plan (RCP) dated 6/12/24 identified Resident #1 had a smoking history. Interventions directed to instruct about the facility smoking policy, smoking materials locked in the medication room, offer nicotine patch and address smoking cessation.</p> <p>Clinical record review of the nursing progress notes identified the following:</p> <p>a.</p> <p>Nursing note dated 7/18/2024 at 10:28 PM identified Resident #1 stated he/she had a lighter and a pack of cigarettes (with 11 cigarettes total) in his/her pocket. The items were removed and secured, and Resident #1 refused a room search.</p> <p>b.</p> <p>Nursing note dated 7/28/2024 at 10:49 AM identified Resident #1 was observed in front of the building smoking a cigarette. Resident #1 returned to the facility and went to his/her room.</p> <p>c.</p> <p>Nursing note dated 9/19/2024 at 11:12 AM identified Resident #1 observed smoking cigarettes outside, was educated that he/she cannot smoke while using a nicotine patch. Resident #1 requested to place the nicotine patch on hold.</p> <p>Although requested, facility accident/incident report forms and investigations were not provided related to the incidents noted on 7/18, 7/28, and 9/19/2024.</p> <p>Review of CT DPH FLIS - Adverse Events Tracking System identified the facility did not submit a reportable event to the State Agency related to Resident #1's event dated 7/18, 7/28, and 9/19/2024.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the ADON and Regional Administrator on 2/26/2025 at 1:25 PM identified per facility policy, residents were not allowed to possess smoking materials, and not allowed to smoke independently on facility property. Interview identified the facility did not have any incident report and investigations for the 7/18, 7/28, and 9/19/2024 dates when staff observed Resident #1 smoking independently. The ADON and Regional Administrator indicated they were not working at the facility during the incidents, but indicated an investigation should have been conducted to determine where Resident #1 obtained the smoking paraphernalia and interventions to prevent recurrences.</p> <p>Review of facility Smoking Policy dated March 2019 directed in part, all cigarettes, igniting and smoking materials will be kept in a secure location; residents will not be permitted to retain such items in their possession. Any new cigarettes, igniting and smoking materials must be turned over to staff immediately. Residents in violation of the smoking policy may be subject to a 30-Day Discharge Notice as violation could result in risk of harm to self or others.</p> <p>Review of the Accidents/Incidents Policy dated 4/2015 directed in part, all accident and incidents which occur at the facility will have Accident/Incident Reports, investigation forms, and written statements and be reported to supervisory staff, and reported in accordance with the requirements of the Department of Public Health.</p>		