

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Saint John Paul II Center		STREET ADDRESS, CITY, STATE, ZIP CODE 33 Lincoln Avenue Danbury, CT 06810	
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation, facility policy and interviews for one sampled resident (Resident #1) who was reviewed for Resident Rights, the facility failed to ensure Resident #1's verbalization of his/her wish to have the specific family member who had been appointed as his/her health care representative prior to admission was acknowledged by the facility. The findings include: Resident #1's diagnoses included dementia, anxiety, unspecified convulsions, depression and end stage renal disease. The Durable Power of Attorney document dated 1/17/21 identified a specific family member was appointed Resident #1's Agent, the document was notarized and witnessed. The quarterly Minimum Data Set assessment dated [DATE], identified Resident #1 had some memory recall deficits. The Resident Care Plan dated 1/13/26, identified Resident #1 had impaired cognition related to dementia. Interventions directed to administer medications as ordered, communicate with the resident/family/caregivers regarding the resident's capabilities and needs, monitor, document, and report as needed any changes in cognitive function, specifically changes in decision making ability, memory, recall and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness and mental status. Review of the complaint filed by a family member, Person #1, identified Resident #1 and Person #1 had attempted to provide the facility with a signed Appointment of Health Care Representative form, signed in 2021, appointing Person #1 as Resident #1's healthcare representative, however the facility failed to acknowledge the form and informed Resident #1 and Person #1 that the form was outdated and Resident #1 would have to get a new form through the court before they would acknowledge Person #1 as Resident #1's health care representative. The social service note dated 3/18/26 identified Social Services (SW) #1 and the Director of Nursing meet with the ombudsman who had indicated to the facility the durable power of attorney form supplied by Resident #1's family member was a valid document and Resident #1 could choose who he/she would like to be the primary contact and receiver of updates, medically. The note indicated another family member, Person #2, was contacted via phone during the meeting and shared he/she did not have an issue with Person #1 appointed as the health care representative, receiving updates. Interview with Person #1 on 3/27/26 at 8:58 AM identified the facility continued to acknowledge another family member as Resident #1's health care representative, even after Resident #1 verbalized his/her wishes to have Person #1 as the health care representative. Interview with Resident #1 on 3/27/26 at 10:54 AM identified Resident #1 had told facility staff, including the Director of Nursing and Social services his/her wish was to have Person #1 as his/her health care representative and he/she had expressed that he/she did not want Person #2 listed as the health care representative, but the facility failed to follow through on his/her wishes. Interview with SW #1 on 3/27/26 at 11:13 AM identified Resident #1 had expressed to him that he/she would like to have Person #1 as his/her health care representative. SW #1 identified he acknowledged to Resident #1 that he would speak with his supervisor and Person #2 and move forward from that point. SW #1 identified Resident #1 did have a signed appointment of health care representative dated 2021, but this had the potential to expire. SW #1 explained the facility did not have any documentation signed by Resident #1 indicating Person #2 was his/her health care representative. SW #1 identified he and the (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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Director of Nursing met with the ombudsman on 3/18/26 and at that time it was concluded Person #1 could and should be considered as Resident #1's health care representative as part of his/her resident rights. SW #1 indicated at that time Resident #1's clinical record was changed to reflect the change. Review of Resident #1's clinical record on 3/27/26 failed to reflect documentation Person #1 was Resident #1's health care representative and continued to identify Person #2 as the emergency contact. Interview with the Director of Nursing (DON) on 3/27/26 at 1:10 PM identified in February 2026 Resident #1 did indicate he/she would like Person #1 designated as his/her health care representative. The DON explained the facility did not acknowledge Resident #1's choice at the time of admission. The DON indicated the facility did not have anything in writing and signed that noted Person #2 was Resident #1's health care representative, and although the facility had asked Person #2 to bring in documentation, Person #2 did not submit documentation to the facility. The DON identified she informed Person #1 that Person #1 would need to speak with Person #2 prior to the facility changing the clinical record to reflect Person #1 as Resident #1's health care representative. The DON identified when the facility contacted Person #2, he/she agreed it was appropriate to have Person #1 listed as the health care representative. The DON identified at the time of this interview, Resident #1's electronic clinical record did not reflect the change from Person #2 to Person #1 as the health care representative/emergency contact. Review of the facility policy titled Resident Rights under Federal Law, last revised date 5/1/24, directed, in part, the resident has the right to dignified existence, self-determination and communication with and access to persons and services inside and outside the facility. The policy further directed, in part, the resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. Additionally, the policy directed, in part, in the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with state law and any surrogate so designated may exercise the resident's rights to the extent provided by state law, the resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative, the resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by state law, and the facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable laws.</p>		