

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Gardner Heights Health Care Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 172 Rocky Rest Road Shelton, CT 06484	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews, review of facility documentation, facility policies, and interviews for one (1) sampled resident (Resident #1) who require staff assistance of one (1) and an adaptive device during transfers, the facility failed to ensure Resident #1 was transferred from the chair to the bed according to the physician's order. The findings include:</p> <p>Resident #1's diagnoses included. dementia, osteopenia (when the bone loses density), osteoarthritis, anxiety and muscle weakness.</p> <p>The quarterly Minimum Data Set assessment dated [DATE], identified Resident #1 had a Brief Interview for Mental Status score of 2 out 15 indicating poor memory recall, required a walker and wheelchair with mobility and moderate assistance with transfers.</p> <p>The Resident Care Plan dated 2/24/25 identified Resident #1 required assistance with activities of daily living, was a fall risk and had diagnoses of osteoarthritis and osteopenia.</p> <p>Interventions directed to transfer Resident #1 with caution according to physician orders.</p> <p>A current monthly April physician's order, originally initiated on 10/1/24, directed to provide assistance of one (1) staff member with a rolling walker for all transfers.</p> <p>The nurse's note dated 4/5/25 at 10:09 AM identified Resident #1 was found to have swelling and pain in the left lower leg with bruising present. The note indicated Resident #1's skin was intact and upon palpation (touch), Resident #1 demonstrated a guarding behavior with decreased range of motion to the left leg. The note identified the Advanced Practice Registered Nurse, APRN #1, was notified, and an order was obtained for a stat (immediate) x-ray of the left lower extremity to be performed.</p> <p>The nurse's note dated 4/5/25 at 9:27 PM identified the x-ray report indicated a fracture of the left tibia and fibula shaft (the bones in the lower leg), APRN #1 was notified, and an order was obtained to send Resident #1 to the Emergency Department.</p> <p>Review of a statement made by the 3-11PM nurse aide, Nurse Aide (NA) #2, identified she reported she had not utilized Resident #1's rolling walker for transfers in quite some time.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 075368	Facility ID: 075368 If continuation sheet Page 1 of 2

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<p>F 0656</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 acting Director of Nursing (DON) on 4/29/25 at 2:18 PM identified Resident #1 had an order in place for transfers that directed the use of a rolling walker. The acting DON identified NA #2's statement states NA #2 did not use the rolling walker for transfer on 4/4/25. The acting DON identified NA #2 should have used the rolling walker for the transfer of Resident #1.</p> <p>Interview with NA #2 on 4/29/25 at 3:02 PM identified on 4/4/25, she was assigned to Resident #1. NA #2 explained she did transfer Resident #1 from the chair to the bed at approximately 4:00 PM without the benefit of the rolling walker and just did a stand and pivot transfer, with no additional staff present. NA #2 identified Resident #1's rolling walker had not been in the room for quite some time.</p> <p>Although attempted, an interview with MD #3 (Orthopedic Surgeon) was unable to be obtained.</p>