

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  075373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Cheshire House Health Care Facility & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3396 E Main Street Waterbury, CT 06705	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record reviews, facility documentation, facility policy and interviews for one (1) of three (3) sampled residents (Resident #1) who required blood sugar monitoring, the facility failed to assess the resident's blood sugar when the resident experienced mental status changes. The findings include:</p> <p>Resident #1's diagnoses included bacteremia (a blood infection), carcinoma of the liver, and diabetes mellitus.</p> <p>The nursing admission assessment dated [DATE] identified Resident #1 was alert and oriented to person, place, and time, and required staff assistance with activities of daily living.</p> <p>A physician's order dated 12/21/24 identified weekly blood work every Monday and fingerstick blood sugars twice a day.</p> <p>The Resident Care Plan dated 12/23/24 identified Resident #1 was at risk for hyperglycemia or hypoglycemia related to diabetes mellitus.</p> <p>Interventions directed to monitor for signs and symptoms of hyperglycemia, thirst, drowsiness, headaches, and behavior changes and to monitor for signs of hypoglycemia, cold clammy skin, shallow respirations, double vision, and change in mental status.</p> <p>The Situation Background Assessment Recommendation (SBAR) dated 12/23/24 at 1:40 PM identified a change in condition was reported, Resident #1 had altered mental status changes and was unresponsive. The assessment identified a blood pressure of 116/60, pulse 64, respirations 20, temperature of 97.4, pulse oximetry 90% on room air, and a blood glucose of 122 that was obtained at 9:19 AM. The note identified Resident #1 was drowsy but easily aroused, Resident #1's oxygen saturation level dropped to 87% on room air and oxygen at two (2) liters via nasal cannula was applied to which the oxygen saturation level increased to 92%. The note identified the primary care provider was notified and an order was obtained to send Resident #1 to the Emergency Department (ED). Review of the clinical record failed to reflect documentation that a fingerstick blood glucose level was obtained at the time Resident #1 had a change in condition and was assessed by the Director of Nursing.</p> <p>Review of the ED documentation dated 12/23/24 at 2:51 PM identified upon arrival two (2) attempts for a fingerstick blood glucose check read low, a critical lab value at 2:51 PM identified a glucose level of 13.</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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NAME OF PROVIDER OR SUPPLIER  Cheshire House Health Care Facility & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3396 E Main Street Waterbury, CT 06705	

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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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's laboratory report dated 12/23/24 identified blood work was drawn at 11:28 AM. The report identified the glucose level was critical and the facility was called on 12/23/24 at 3:59 PM. A notation on the report identified Resident #1 was at the hospital when the results were called into the facility.</p> <p>Interview with the Director of Nursing (DON) on 2/24/25 at 10:20 AM identified on 12/23/24 he was notified by the 7AM-3PM charge nurse, Licensed Practical Nurse (LPN) #1, around 12:50 PM that Resident #1 had a change of mental status. The DON stated he assessed Resident #1 and found Resident #1 to be lethargic, vital signs were stable, and he notified the Advanced Practice Registered Nurse (APRN) and physician. The DON stated he did not check Resident #1's blood sugar level and that should have part of his assessment.</p> <p>Interview with LPN #1 on 12/23/24 at 11:55 AM identified on 12/23/24 she checked Resident #1's blood sugar at about 12:15 PM, and the level was in the 120's. LPN #1 stated the nurse aid asked her to see Resident #1 about a half hour later as Resident #1 was not eating lunch and the nurse aide was unsure if something was happening with Resident #1. LPN #1 identified she noted Resident #1 had a change in mental status and upper airway gurgling. LPN #1 stated she did not check Resident #1's blood glucose at that time as she had obtained one earlier. LPN #1 identified she notified the DON of the change in condition.</p> <p>Review of the Blood Glucose Monitoring VIA Glucometer/ACCU-Check Policy Licensed nursing staff will perform this procedure per physician's order and PRN if a resident is displaying signs and symptoms of hypo or hyperglycemia.</p>