STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Center for Health & Rehabilitation	27 Hospital Hill Road Sharon, CT 06069

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of three (3) residents (Resident #1) reviewed for abuse, the facility failed to ensure a resident was treated in a respectful and dignified manner. The findings include: Resident #1 had diagnoses that included anxiety, tobacco use, and moderate dementia with psychotic disturbance. The quarterly MDS dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of fifteen (15) indicative of intact cognition, without the presence of behaviors, continent of bowel and bladder, independent with ADLs and ambulation. The care plan dated 12/10/24 identified Resident #1 is a current smoker with interventions that directed cigarettes and/or lighting material to be given by nursing at the designated times. The physician's orders dated 12/19/24 directed Resident #1 is permitted to smoke during designated smoking times only. Review of the facility's reportable event form dated 1/17/25 at 7:35 P.M. identified NA #1, LPN #2, LPN #3, NA #1, and NA #4 reported that when Resident #1 approached the nurse's station to ask LPN #1 a question LPN #1 in a raised voice used inappropriate language towards Resident #1. The facility's reportable event identified Resident #1 had no apparent injuries, no signs or symptoms of distress, and emotional support was provided. LPN #1 was sent home and suspended pending investigation. A nurse's note dated 1/17/25 at 11:17 P.M. written by RN #1 identified she was notified when Resident #1 approached the nurse station to ask when they were taking the residents out to smoke staff observed LPN #1 responding to Resident #1 using inappropriate language in a raised voice. RN #1 indicated Resident #1 walked away and went to h/her room. RN #1 indicated emotional support to Resident #1, Resident #1 was asked if h/she felt safe, and Resident #1 stated h/she feels safe at this time. RN #1 identified she notified the DNS, MD, and the police. RN #1 indicated she left a message for psych and Resident #1's POA. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075379	A. Building B. Wing	02/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Center for Health & Rehabilitation	27 Hospital Hill Road Sharon, CT 06069

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's summary dated 1/23/25 identified LPN #1 had recently completed abuse training education which included prevention on 1/13/25. Social services interviewed other residents that residents on the floor and no other concerns or incidents were identified. After a thorough investigation including staff and resident interviews, the facility concluded that LPN #1 did speak to Resident #1 in an inappropriate manner which included a raised voice and LPN #1 used the word damn. LPN #1 was placed on leave pending the outcome of the investigation and LPN #1's employment has since been terminated. Interview with Resident #1 on 2/7/25 at 11:00 A.M. identified on 1/17/25 at approximately 7:15 P.M. when h/she asked LPN #1 when smoke break was LPN #1 with a raised voice stated It is none of my business I don't give a damn I am not taking you out it's not my job. Resident #1 identified when LPN #1 raised her voice h/she started walking away and went in h/her room. Resident #1 identified h/she did not feel embarrassed, humiliated, threatened and h/she felt safe. Resident #1 identified following the incident on 1/17/25 LPN #1 was sent home, and Resident #1 never saw LPN #1 again. Interview with LPN #3 on 2/7/24 at 11:15 A.M. identified on 1/17/25 at approximately 7:15 P.M. when she was at the nurse's cart in the west hallway, she heard LPN #1 yelling from the nurse's station It is not my damn job LPN #3 identified she walked over to the nurse's station observed LPN #1 standing at the nurse's station and Resident #1 was walking into h/her room. LPN #1 indicated Resident #1 replied 'I am okay I feel safe.' LPN #3 asked Resident #1 what happened Resident #1 reported h/she wasn't getting anywhere with LPN #1 so h/she was going back to h/her room. LPN #3 identified she notified the DNS and RN #1, and LPN #1 was sent home. Interview with NA #1 on 2/7/25 at 12:10 P.M. identified on 1/17/25 at approximately 7:15 P.M. she heard LPN #1 yelling speaking loudly to Resident #1 Go ask the nurse aides they have the answers it's not my damn job. NA #1 identified Resident #1 reported he had just asked LPN #1 to call downstairs to find out if his buddy was going to go on smoke break and Resident #1 said h/she was okay. Interview with the DNS on 2/7/25 at 1:30 P.M. identified on 1/17/25 at approximately 7:30 P.M. LPN #3 and RN #1 notified him that Resident #1 went to the nurse's station to ask LPN #1 who was taking them out for smoke break and LPN #1 raised her voice and used profanity towards Resident #1. The DNS identified he directed RN #1 to remove send LPN #1 home pending who was suspended pending outcome of the investigation. The DNS indicated an investigation was conducted that included interviews with staff and residents on LPN #1's assignment, staff statements were obtained, and an interview with Resident #1 was completed. The DNS identified based on the investigation on 1/17/25 when Resident #1 asked LPN #1 who was taking them out for smoke break LPN #1 said It is not my damn job it's none of my business I am not taking you out. The DNS identified LPN #1 was terminated because she did not treat Resident #1 in a respectful and dignified manner. The DNS identified his expectations are staff always treat all residents with respect and dignity. Review of the facility policy for Resident Rights directed residents have the right to be treated with consideration, respect, and full recognition of their dignity and individuality.