

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>075380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>07/20/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Apple Rehab Cromwell                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>156 Berlin Road<br>Cromwell, CT 06416 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                                 |
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| F 0600<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is<br>disputing this citation. | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, facility documentation review, facility policy review, and interviews for two of three residents (Resident #1 and Resident #2) reviewed for abuse, the facility failed to ensure the resident was free from inappropriate physical contact. The findings include: Resident #1 was admitted with diagnoses that included dementia, anxiety, and depression. Record review identified Resident #1 had a court appointed Conservator. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had Brief Interview for Mental Status (BIMS) of eight (8), indicated moderate cognitive impairment, required needed moderate assistance for transfers and used a wheelchair. The resident care plan (RCP) dated 3/25/2026 identified impaired memory, wandering behaviors, and a history of inappropriately touching a female resident and touching females on their arms. Interventions directed no contact boundaries, redirect if near an exit, approach in a calm manner, notify physician of changes, and protect other residents if unable. 2. Resident #2 was admitted with diagnoses that included dementia, traumatic brain injury, spastic hemiplegia (complete or severe loss of function on one entire side of the body), anxiety and depression. Record review identified Resident #2 had an identified Power of Attorney listed as the responsible party. The quarterly MDS assessment dated [DATE] identified Resident #2 had Brief Interview for Mental Status (BIMS) of six (6), indicated severe cognitive impairment, required substantial assistance for transfers, and used a wheelchair. The RCP dated 5/9/2026 identified poor memory/recall, fluctuations in mood, had wandering behaviors into other resident's rooms, and was touched inappropriately by another resident (Resident #1). Interventions directed to approach slowly and from the front, use short simple sentences, report changes in mental status, social work follow up and support. Facility Reportable Event dated 6/25/2026 at 9:30 AM identified NA #1 observed Resident #1 with his/her hand on Resident #2's genital area attempting to get into the top of Resident #2's pants; NA #1 reported Resident #1 had his/her hand down Resident #2's pants but over the brief. Staff separated the residents, a body check was completed for Resident #2 with no concerns noted, and Resident #1 was moved to another unit. Additional RE information dated 6/25/2026 identified Resident #1 had a prior history of inappropriately touching other residents. Both residents were independent with wheelchair mobility and had last been seen in separate locations in the hallway. Further, the residents did not have a prior relationship/friendship, and Resident #2 did not recall the incident. The facility RE summary dated 6/30/2026 identified the facility investigation indicated Resident #1's hand was on or near Resident #2's lower abdominal/waist area and although the RE indicated Resident #2 did not recall the incident, the summary indicated Resident #2 denied inappropriate touch. Resident #1 denied the incident occurred. Both resident care plans were updated to direct no contact and Resident #1 was followed by psychiatric services. Interview and record review with LPN #1 on 7/20/2026 at 10:54 AM (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>identified NA #1 called for help on 6/25/2026 around 9:30 AM, and reported Resident #1 had a hand on Resident #2's waist. LPN #1 responded and observed both residents to be fully clothed and clothing was intact. Resident #2 appeared upset, she escorted Resident #2 back to his/her room and when she questioned Resident #2, Resident #2 could not recall the incident. LPN #1 stated Resident #2 frequently wandered the hallway and Resident #1 usually stayed to him/herself, usually in his/her room. Further, LPN #1 stated she was aware of a prior incident between Resident #1 and Resident #2. On 3/25/2026 she had heard Resident #2 say stop it, stop it and LPN #1 pulled Resident #1's wheelchair away from Resident #2. LPN #1 stated at that time, Resident #2 alleged Resident #1 had touched his/her breasts, and when she had moved Resident #1's wheelchair she did not observe any physical contact between the residents. Both care plans were updated to direct no contact between the residents. Since 3/25/2026, she had observed Resident #1 see Resident #2 exit his/her room and Resident #1 would attempt to approach Resident #2. Staff would redirect as able, but LPN #1 stated several times Resident #1 had made physical contact by touching Resident #2's hand. Interview with NA #1 on 7/20/2026 at 2:30 PM identified she was assigned both Resident #1 and Resident #2 on 6/25/2026. She was in the hallway at 9:30 AM when she observed Resident #2 nervously rocking back in his/her wheelchair in the hallway. NA #1 explained when Resident #1, was upset, he/she would rock back and forth in his/her wheelchair. NA #1 described she observed Resident #1 and Resident #2 sitting next to each other, both facing forward, and Resident #1 had his/her hand on Resident #2's wheelchair arm rest and the other hand was between Resident #2's thighs underneath the pants, but over the brief. As Resident #1 began to move his/her hand upwards toward Resident #2's waist attempting to get under the brief she was able to separate the residents. NA #1 stated both residents could self-propel in the wheelchair, Resident #2 was slow to self-propel and Resident #1 was faster because he/she used both his/her hands and feet. NA #1 stated she was aware Resident #1 had a prior history of inappropriately touching other residents, and had a prior incident with Resident #2. Interview with the DON on 7/21/2026 at 1:00 PM identified she was aware Resident #1 had a history of inappropriately touching other residents, and specifically a history of touching Resident #2 inappropriately, and Resident #2 had stated he/she did not want to be touched by Resident #1. The DON stated she did not want Resident #1 to be able to touch Resident #2. The DON concluded NA #1 had observed Resident #1's hand on Resident #2's stomach attempting to get into the top of Resident #2's brief on 6/25/2026, both residents were fully clothed, and she stated staff responded appropriately and both residents could not recall the incident. The incident on 6/25/2026 was inappropriate, should not have occurred, and Resident #1 was moved to another nursing unit/wing. The DON stated on the new unit, Resident #1 had an incident with an alert and oriented resident (Resident #3) when Resident #1 entered Resident #3's room three (3) times and touched his/her hand (unsolicited) and Resident #3 called for staff to remove Resident #1 from the room. Resident #1 was then placed on one-to-one (1:1) observation and subsequently the observation frequency was changed to every 30 minutes with no additional incidents. The facility Abuse policy directed in part, abuse or mistreatment of any kind toward a resident is strictly prohibited. Sexual abuse is defined as any form of sexual harassment, coercion or assault, including unwanted touching between residents. The facility's Resident Rights policy directed in part residents have the right to be free from verbal, sexual, physical, or mental abuse.</p> |                                                                                    |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #1) reviewed for abuse, the facility failed to ensure the clinical record was complete and accurate to include that an ordered medication was not administered for five (5) days and why it was not administered, and that attempts were made to clarify a physician order when requested by the pharmacy prior to filling a prescription. The findings include: Resident #1 was admitted with diagnoses that included dementia, anxiety, and depression. Record review identified Resident #1 had a court appointed Conservator. The annual Minimum Data Set (MDS) assessment dated [DATE] identified Resident #1 had Brief Interview for Mental Status (BIMS) of eight (8), indicated moderate cognitive impairment, required needed moderate assistance for transfers and used a wheelchair. The resident care plan (RCP) dated 3/25/2026 identified impaired memory, wandering behaviors, and a history of inappropriately touching a female resident and touching females on their arms. Interventions directed no contact boundaries, redirect if near an exit, approach in a calm manner, notify physician of changes, and protect other residents if unable. Record review identified staff observed Resident #1 inappropriately touching a resident of the opposite sex on the following dates: 3/28/2026 touching the upper chest area. 4/9/2026 attempting to pull a resident into a room. 4/10/2026 observed in the hallway with a resident and redirected. 4/12/2026 observed touching a resident on the arms. 4/20/2026 in the hallway close to a resident, redirected. 4/21/2026 in the hallway close to a resident, redirected. 4/22/2026 touching a resident on the arms. 5/29/2026 rubbing a resident's bilateral thighs. Psychiatric APRN note dated 6/5/2026 (late entry) identified Resident #1 was seen for persistent inappropriate sexual behaviors. Behaviors reviewed included lack of motivation, impulsiveness, intrusiveness, attention-seeking, isolating and inappropriate sexual behaviors. Associated symptoms included ongoing intermittent sexual behavior becoming difficult to redirect. Recommendations included medical follow up to rule out any medical etiology. Receiving Citalopram SE (Celexa, used to treat depression) 20 mg for anxiety/agitation continued. Will initiate a gradual drug reduction today (of Celexa) and trail Medroxyprogesterone (drug that lowers testosterone) for compulsions and to continue to monitor. A physician order dated 6/4/2026 directed Medroxyprogesterone Acetate (Medroxyprogesterone; a hormonal treatment used to reduce sexually inappropriate behavior) 100 milligrams (mg) daily for compulsions. Record review identified that the Medroxyprogesterone was not administered as ordered; the doses scheduled for 9 AM were documented with a code 12 on the MAR on 6/4, 6/5, 6/6, 6/7 and 6/8/2026. Review of the MAR identified code 12 identified had no identified definition. Record review failed to identify a nursing note for 6/4, 6/5, 6/6, 6/7 and 6/8/2026 that identified if the Medroxyprogesterone was administered as order, what the #12 code on the MAR referred to, or that the psychiatric APRN was contacted. Additional record review identified a physician order dated 6/9/2026 directed to discontinue the Medroxyprogesterone, and a new order was obtained on 6/9/2026 that directed to administer Medroxyprogesterone 10 mg two (2) tablets daily. Record review and interview with LPN #1 on 7/20/2026 at 10:50 AM identified Resident #1's Medication Administration Record (MAR) directed the Medroxyprogesterone 100 mg was ordered on 6/4/2026 and scheduled to be administered daily at 9 AM. The Medroxyprogesterone 100 mg doses scheduled for 6/4 to 6/8/2026 (5 doses) were not administered; LPN #1 stated the code #12 indicated the medication was not administered. Interview failed to identify why the medication was not administered as ordered, why there were no nursing (continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>notes that identified the medication was not administered, and LPN #1 stated the medication was not available to administer. Interview with Pharmacy Consultant #1 on 7/20/2026 at 1:12 PM identified when the pharmacy received the order for the Medroxyprogesterone 100 mg, the pharmacy had asked the facility staff for a clarification of the dosage prior to filling the order because 100 mg was an unusual dosage. Pharmacy Consultant #1 stated the pharmacy contacted the facility supervisor's line daily for clarification without any response received. The order was discontinued on 6/9/2026 when a new order was received for Medroxyprogesterone 10 mg two (2) tablets daily (the original order was for 100 mg). Record review and interview with the DON on 7/21/2026 at 1:08 PM identified although Medroxyprogesterone 100 mg was ordered on 6/4/2026, the MAR indicated it was not administered to Resident #1. The DON stated the pharmacy had contacted the facility to request a clarification of the dosage when filling the order on 6/4/2026, and she contacted psychiatric APRN #1 on 6/4/2026 who indicated she would complete additional research and contact the facility. The DON stated additional attempts were made by the facility to contact psychiatric APRN #1 daily from 6/5/2026 to 6/7/2026 without response from the prescriber. On 6/9/2026 psychiatric APRN #1 provided clarification of the Medroxyprogesterone and ordered to change the dosage from 100 mg to 10 mg, two (2) tablets daily. Although the DON stated it took a while to do the research, interview failed to identify why the record did not clearly identify the Medroxyprogesterone 100 mg was not administered as ordered, and did not include nursing notes to identify the facility attempted to contact the prescribing APRN. Interview failed to identify why the information was not included in the clinical record. Interview with the Medical Director on 7/21/2026 at 12:26 PM identified if the psychiatric APRN was not available, the nursing staff should contact the overseeing psychiatrist or covering psychiatric provider to obtain the necessary information so the medication was not unnecessarily delayed. The Medical Director stated although she was aware the Medroxyprogesterone 100 mg was not administered as ordered by psychiatric APRN #1, she was unable to identify why she became aware; she did not know why the this was not done to address the 5-day gap from initial order until clarification was obtained from the ordering APRN on 6/8/2026. The facility Medication Administration Policy directed in part, that if the medication was not available attempt to obtain the medication promptly. A documentation policy was not provided for surveyor review during the survey.</p> |                                                                                    |                                                 |