

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Water's Edge Center for Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 111 Church Street Middletown, CT 06457	

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 0842</p> <p>Level of Harm - Minimal harm 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47460</p> <p>Based on clinical record review, facility documentation review, facility policy review, and interviews for one of three residents (Resident #2) reviewed for accidents, the facility failed to provide ensure the medical record was complete and accurate to include documentation of neurological monitoring per facility policy. The findings include:</p> <p>Resident #2's diagnoses included dementia. The Admission Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #2 was severely cognitively impaired, and dependent with transfers, walking, and ADLs. The Resident Care Plan (RCP) dated 8/1/2022 identified Resident #2 had a history of a fall due to poor balance. Interventions directed therapy consult for strength and mobility, and offer to go to bed with first rounds on 3 to 11 PM shift.</p> <p>A physician's order dated 9/19/2022 directed Aspirin AC (blood thinner)tablet delayed release 81 milligrams (mg) give one (1) tablet by mouth in the morning for prophylaxis.</p> <p>Review of Reportable Event form dated 9/30/2022 at 4:00 PM indicated resident was observed on the floor Resident #2 had a minor contusion to left parietal (top rear of) head after an unwitnessed event. Resident #2's mental status was alert and confused, the APRN and responsible party were notified, and Resident #2 was assessed.</p> <p>A nursing progress note dated 9/30/2024 at 5:48 PM identified about 4:00 PM resident was observed on floor; resident rolled out of bed while trying to transfer and sustained a minor contusion to left parietal head, was alert with stable vital signs. Neurological assessment was at baseline with facility protocol in place, upper and lower extremities strength and range of motion at baseline.</p> <p>A nurse progress note dated 10/1/2022 at 12:44 PM indicated resident status post fall day one (1), vital signs stable, continued on neurological (neuro) check every shift, and will continue to monitor.</p> <p>Record review failed to identify neurological assessments were completed.</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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview and record review on 12/27/2024 with the DNS identified that neuro monitoring was done after Resident #2 was found on floor on 9/30/2022, however she was unable to provide a copy of assessments completed. The DNS stated neuro assessments were completed on paper at the time of the fall and was unable to explain why the documentation was missing. The DNS further indicated that the facility should maintain a copy and have access to the neuro monitoring in the medical record.</p> <p>Review of the facility Neurological Assessment/Evaluation Policy directed in part the licensed nurse performs neurological evaluations whenever there is a possibility of a head injury, change in mentation, or an unwitnessed fall. Any resident who has had an unwitnessed or witnessed fall and is on an anticoagulant/antiplatelet therapy, will have an initial neurological evaluation by the LPN or RN per state regulation follow by neurological monitoring per policy, after the initial evaluation, the neurological exam is repeated every 15 minutes x 4 (1 hour), every 30 minutes x 4 (2 hours), every 2 hours x 4 (8 hours), then every shift x 8 (64 hours). If neurological check sheet is stopped before it is completed the reason will be documented in the electronic health record.</p> <p>Review of the Documentation Guidelines policy directed in part, services provided to residents are documented by the individual providing the service within the electronic medical record (EMR). Should an omission of documentation occur, a late note may be added within the EMR.</p>		