

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Marlborough Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Stage Harbor Road Marlborough, CT 06447	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</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 #1) reviewed for abuse, the facility failed to ensure a resident was treated with respect and dignity. The findings include:</p> <p>Resident #1's diagnoses included dementia, anxiety and bipolar disorder. The quarterly MDS Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 was alert and oriented, with no behaviors and required maximal assistance with ADLs. The Resident Care Plan (RCP) dated 6/26/2024 identified Resident #1 had an ADL self-care performance deficit related to weakness, cognitive impairment and dementia. Interventions directed assist with ADLs.</p> <p>Review of facility Reportable Events Form dated 9/4/2024 identified that while the ADNS was providing care to another resident across the hall from Resident #1, the ADNS overheard an aide tell the resident, I can say hi to whoever I want. Shut up! NA #1's written statement dated 9/4/2024 identified that he was walking into work and having a bad day, a resident said hello and the resident's roommate told him/her to be quiet and that only he/she could only talk to NA #1. NA #1 statement further indicated that he told the resident to shut up, and indicated he acted inappropriately; he was out of line to make the comment.</p> <p>The nursing note dated 9/4/2024 at 4:33 PM identified that the writer was assisting another resident across the hall from the resident's room when writer overheard a NA tell the resident I can say hi to whoever I want. Shut up! The NA was removed from the unit and sent home immediately. Psych provider was updated, and an evaluation was completed with resident. Resident expressed that being told to shut up did not make him/her feel good and emotional support was provided.</p> <p>Interview and facility documentation review on 9/26/2024 at 2:33 PM with NA #2 identified that she heard NA #1 tell Resident #1 to shut up.</p> <p>Interview, clinical record and facility documentation review on 9/26/2024 at 1:17 PM with ADNS identified that when she overheard NA #1, she asked him to come to her office and along with the DNS, obtained an interview with NA #1. The ADNS identified that NA #1 indicated he was having a stressful day and acknowledged that he should not have said shut up and that it had just come out.</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 Marlborough Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Stage Harbor Road Marlborough, CT 06447	

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview, clinical record and facility documentation review on 9/26/2024 at 2 PM with the DNS identified NA #1 admitted he told Resident #1 to shut up and he realized that he was inappropriate. NA #1 was removed from the scheduled and his was terminated from the facility.</p> <p>Although attempted, interview with NA #1 was unsuccessful.</p> <p>Review of facility Code of Conduct directed in part, residents are treated with courtesy, respect, and dignity.</p>

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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 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 #1) reviewed for abuse, the facility failed to ensure the clinical record was complete and accurate to include social service visits provided. The findings include:</p> <p>Resident #1's diagnoses included dementia, anxiety and bipolar disorder. The quarterly MDS Minimum Data Set (MDS) assessment dated [DATE] identified that Resident #1 was alert and oriented, with no behaviors and required maximal assistance with ADLs. The Resident Care Plan (RCP) dated 6/26/2024 identified Resident #1 had an ADL self-care performance deficit related to weakness, cognitive impairment and dementia. Interventions directed assist with ADLs.</p> <p>Review of facility Reportable Events Form dated 9/4/2024 identified that while the ADNS was providing care to another resident across the hall from Resident #1, the ADNS overheard an aide tell the resident, I can say hi to whoever I want. Shut up! NA #1's written statement dated 9/4/2024 identified that he was walking into work and having a bad day, a resident said hello and the resident's roommate told him/her to be quiet and that only he/she could only talk to NA #1. NA #1 statement further indicated that he told the resident to shut up, and indicated he acted inappropriately; he was out of line to make the comment.</p> <p>Record review identified SW #1 saw Resident #1 on 9/4 and SW #2 saw Resident #1 on 9/5/2024 after the incident.</p> <p>Interview and clinical record review with SW #1 on 9/26/2024 at 1:32 PM identified she saw Resident #1 on 9/4/2024, and that SW #2 saw Resident #1 on 9/5/2024. She further indicated that she also provided support visits to Resident #1 on 9/5 and 9/6, and she did not document the visits. Interview failed to identify why the visits were not documented.</p>		