STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	075390	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beacon Brook Center for Health & Rehabilitation	89 Wied Drive Naugatuck, CT 06770

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **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 and #3) reviewed for pressure injuries, the facility failed to complete and document skin risk assessment weekly post re-admission per facility protocol. The findings include: 1. Resident #1 was admitted to the facility with diagnoses that included dementia, peripheral vascular disease and sepsis. The quarterly MDS dated [DATE] identified Resident #1 had a Brief Mental Interview for Mental Status (BIMS) of ninety-nine (99) indicative of impaired cognition, was at risk for developing pressure ulcers/injuries, was frequently incontinent of bowel and required extensive assistance of two staff with activities of daily living (ADL's). The care plan dated 9/3/24 identified Resident #1 had impaired skin integrity and was at risk for further skin breakdown with interventions that included a low air loss (LAL) mattress, educate on risks to wound healing, inspect skin during care, offload heels and keep blue boot on Resident #1 while in bed to prevent pressure on the heel. A skin assessment dated [DATE] identified Resident #1 had no new wounds. Resident #1 failed to have a skin assessment completed on 10/10/24. Review of Resident #1's medical record identified Resident #1 was sent to an in-patient psychiatric facility on 10/11/24 and then was admitted to the hospital from [DATE] - 11/9/24. Resident #1's discharge summary identified ulceration to the left anterior toe, anterior foot and distal planter. A physician's order dated 11/9/24 directed Braden scale (measures patients risk of developing pressure injuries) completed for four weeks on admission and then annual and as needed. The Braden scale dated 11/9/24 identified Resident #1 was a moderate risk. However, review of Resident #3's medical record did not identify weekly ski assessments thereafter for four (4) weeks in accordance with physicians orders. 2. Resident #3 was admitted to the facility with diagnoses that included metabolic encephalopathy and heart failure. The Braden scale dated 1/21/25 identified Resident #3 was a moderate risk. (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: 075390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beacon Brook Center for Health & Rehabilitation	89 Wied Drive Naugatuck, CT 06770

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The admission assessment dated [DATE] identified Resident #3 was alert and orientated to person, place and time and had no impairments with ADL's. Review of Resident #3's medical record identified Resident #3 was in the hospital from [DATE] - 1/30/25. Review of Resident #3's medical record failed to identify Resident #3 had a Braden scale completed upon re-admission to the facility and weekly thereafter for four (4) weeks in accordance with physicians orders. The care plan 1/31/24 identified Resident #2 had a stage three pressure ulcer on the coccyx with interventions included encourage and assist to reposition off back frequently, treatment as ordered, weekly wound evaluation and low air loss mattress. Interview with the Clinical Director on 2/20/25 at 1:00 PM identified per policy, Braden evaluations are to be completed on admission/re-admission and then weekly for four weeks. Review of the pressure injury prevention policy directed the licensed nurse will complete a Braden/[NAME] evaluation for all residents upon admission/re-admission. The Braden/[NAME] evaluation will be completed weekly x 4 weeks post admission/re-admission.